Right Support Management Limited

# Ringstead House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

We conducted an inspection of Ringstead House on 27 November 2017. We previously inspected the service on 29 September 2015 and found the service was in breach of the regulation relating to safe staffing levels. The service was rated good overall. Following the last inspection, we asked the provider to complete an action plan to show what they would do to improve staffing levels. At this inspection we found appropriate actions had been taken to provide safe staffing levels and meet all the fundamental standards

Ringstead House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care for up to four people and there were four people using the service when we visited.

The service had a registered manager, which 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.

Risk assessments and care plans contained a good level of information for care staff about known risks and guidance for how they were expected to mitigate these.

Staff followed safe practices for administering, storing and recording medicines given to people.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs. People were supported to access activities they enjoyed. Care records included information about activities people attended and how staff could support them to do so.

The service ensured people's privacy and dignity was respected and promoted.

People were supported with their nutritional needs. Care records contained information about people's dietary needs. Care was delivered in line with relevant legislation and standards.

Safeguarding adults from abuse procedures were in place and care workers understood how to safeguard people they supported. Care workers had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA). Care records contained details of people's capacity and were signed by people using the service or those lawfully acting on their behalf.

People told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures ensured that only staff who were suitable worked within the service. The service also ensured there were sufficient numbers of suitable staff to support people.

Complaints were investigated and responded to in a timely manner.

Staff had the skills, knowledge and experience to deliver effective care and support, and received support for their roles. There was an induction programme for new staff which prepared them for their role.

Quality assurance processes were thorough. Senior management completed a variety of audits and ensured learning was undertaken from these.

The provider had a vision to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and how these supported their work.

## 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.

There were systems in place to address and manage risks, and safer recruitment processes to ensure staff were suitable for their roles.

Procedures were in place to protect people from abuse. Care workers knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were procedures in place to safely administer medicines to people.

### Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

Where people needed support to make decisions their rights were protected under the Mental Capacity Act 2005. Care was delivered in line with relevant legislation and standards.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

Good

The service was caring.

People we spoke with told us they were satisfied with the level of care given by staff. Care staff took action to promote people's independent living skills.

People told us their privacy and dignity was respected.

### Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests. Care records included information about people's involvement in activities.

There was a procedure in place to listen to and resolve people's complaints.

## Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

Systems were being developed to monitor and improve the quality of the service provided.

# Ringstead House

**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.

We visited the service on 27 November 2017 to see the deputy manager, office staff and to review care records, policies and procedures. The inspection was not announced. After the site visit was complete we then made calls to people who used the service and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the CQC as well as the previous inspection report. A notification is information about important events which the service is required to send us by law.

We spoke with two people using the service. We spoke with two care workers after our visit over the telephone. We spoke with the deputy manager of the service on the day of our inspection as the registered manager was not in. We looked at a sample of three people's care records, two staff records and records related to the management of the service.

Good

# Is the service safe?

## Our findings

Our discussions with people using the service identified no safety concerns. People told us they felt safe when using the service. Comments from people included, "I feel safe with the staff" and "It is safe living here."

Risks to individuals were appropriately assessed and staff had access to information about how to manage these. We saw detailed risk assessments which covered specific risks relevant to the person's needs so staff could help them to safely manage these. For example, in one person's care records we saw a specific risk assessment which dealt with the risk of self-neglect. This specified the particular triggers for self-neglect which were usually as a result of low mood. The risk assessment specified previous known triggers for the person's low mood and described how this manifested in self-neglect. There was also specific practical advice for care workers in how to manage the person's risk of self-neglect as well as advice as to when they would be expected to escalate concerns to the emergency services.

People were involved in making decisions related to positive risk taking that helped them to achieve positive outcomes such as increasing their independence. For example, one person's specific goal involved using public transport to access an activity. The activity improved the person's mood and general wellbeing, but there were risks associated with accessing public transport. The person's risk assessment specified how staff could help people to achieve their goal of accessing their chosen activity by including practical advice about how they could manage their behaviour as well as the signs to look out for which indicated the risk was too great and outweighed the potential benefit. People's care records included a risk action plan which summarised the identified risks and triggers for these as well as a concise action plan for care staff to follow.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy in 28 day blister packs. Medicines were stored safely for each person in a locked cupboard and we saw the temperature for refrigerated medicines was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We saw examples of completed medicine administration record (MAR) charts for three people for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for three people and counted the amounts stored. We saw these tallied with the records kept.

We saw copies of daily medicines checks. The checks we saw did not identify any issues and included a check of the amounts of medicines stored.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and safely administer medicines.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to

individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example one care worker told us, "The people living here have mental health problems. So we make sure we know what the triggers are for their conditions and how we are supposed to manage these."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. This included using the providers whistle blowing policy. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. One care worker told us, "There is a whistle blowing policy and I would use this if I needed to." Another care worker told us, "We get good training about safeguarding adults. If I had any concerns about people's safety, I would report them." The registered provider also had measures in place to minimise the risk of financial abuse. There were clear procedures in place and care staff were required to record the details of any financial transactions they had completed on people's behalf together with the receipts to evidence expenditure which were then reviewed by the registered manager. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

The provider ensured sufficient numbers of suitable staff were in place to support people to stay safe and meet their needs. We spoke with the deputy manager about how he and the registered manager assessed staffing levels. The deputy manager explained that the initial needs assessment was used to consider the amount of support each person required. As a result he and the registered manager determined how many care workers were required per person and for how long. The deputy manager explained that if as a result of their assessment more care workers were needed than requested by the referrer, this would be negotiated with the referrer who was usually the local authority.

The provider had safer recruitment measures in place. We looked at the recruitment records for two staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from their most recent employer and application forms which included details of people's employment history. This helped to ensure that staff were suitable to work with people using the service.

The provider protected people by taking steps to prevent and control the spread of infection. Records showed staff received training on infection control and food hygiene matters. When we spoke with care workers they demonstrated a good level of knowledge on good infection control practices. Care workers told us, "I wash my hands before giving medicine or helping with food. It's very important" and "Cleanliness is very important. We make sure the environment is clean for everyone." Monthly hygiene checklists were completed of the premises which ensured communal areas of the home were clean and tidy. We found the home was clean and tidy on the day of our inspection.

The provider learnt and made improvements when things went wrong. The service had a procedure on how to deal with accidents and incidents. This included reporting and investigating the matter and depending on the results of the investigation, taking action to mitigate the risk of a reoccurrence. We looked at the provider's accident and incident records. These records showed that the relevant persons had been interviewed to determine the causes of the incident and appropriate advice was obtained from healthcare professionals to manage the risk of repetition. For example, we saw one record which related to property damage caused as a result of one person's challenging behaviours. We found external advice had been

sought from the consultant involved in the person's care and this had been put in practice to good effect.

Good

# Is the service effective?

## Our findings

Peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider met the requirements of the Act. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. One care worker commented, "If I had any concerns I would speak to [the registered manager or deputy manager]." Care records specified whether or not people had capacity and where people's movement was restricted by the provider for their safety, we found specific authorisation had been given which ensured they were legally allowed to do so, by the local authority. The deputy manager explained one person had an authorised DoLS in place as they were under constant supervision and not free to leave the building on their own for their own safety. They were clear about the reasons for the authorisation and demonstrated that it was the least restrictive option to keep the person safe.

People were supported by staff who were trained to support them safely. People told us they felt staff had the appropriate skills and knowledge to meet their needs. The deputy manager told us, and care staff confirmed, that they completed training as part of their induction and during their employment with the service. Records confirmed that all staff had completed the provider's mandatory training in various topics as part of their induction. These topics included medicine management, safeguarding adults, behaviour that challenged and mental health training. Staff completed additional training which was relevant to the care of the people they were supporting. This included training in epilepsy and learning disabilities. Staff confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that staff training was up to date. One staff member told us, "We get good training. I asked for extra training once and this was given straight away."

Records and feedback from the management team showed new staff underwent an induction programme in line with national training standards. This included a minimum of three days of initial training and a period of shadowing of experienced staff before working as part of the service. New care workers were expected to follow the requirements of an induction checklist that was signed off by a senior member of staff before they started working with people. The process also involved an online completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. Care workers were required to complete this and have activities signed off by internal assessors.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records that indicated staff supervisions took place every three months. The deputy manager told us annual appraisals of staff performance were conducted once they had worked at the service for one year and we saw evidence of these. Staff told us they found supervision sessions were useful to their roles. One staff member told us, "These are very useful. You have the chance to talk."

People were supported to eat and drink enough and commented positively on the food provided at the service. People commented that "The food is good" and "I get what I want here and they do help me sort my meals out." There was information in care plans detailing people's nutritional needs and what support they needed in this area of their lives. People's care records included a specific section entitled 'my meal times' which specified people's likes and dislikes in relation to food, where they liked to take their meals and whether they had any specific support needs. We found this section of people's care records contained practical advice for care workers in making mealtimes an enjoyable and healthy part of the person's day. For example, one person's care record included practical advice on various matters including appropriate portions of food.

People were supported with their healthcare needs. Care records included a specific section on people's health needs. This specified the person's needs in various areas including continence, hearing and vision and foot care. There was also specific information about whether the person had any particular disabilities and whether they required any support with these. For example, we saw one person's care record included details about the conditions the person had, the history of the condition and details of the medicines and further support they required in effectively managing this.

A separate section of the care record included details about the person's mental health needs and whether they had any behavioural issues. The section was entitled 'feelings and behaviours' and included practical guidance for care staff in how they could help manage this. When questioned, staff demonstrated they understood people's health needs. For example one staff member had detailed knowledge about the health needs of people we asked them about. They were able to describe their mental health conditions and how they managed these.

The service also had up to date information from healthcare practitioners involved in people's care and the provider worked in co-operation with them to deliver effective care and support when needed. For example we found up to date reports in people's care records from Cognitive Behavioural Therapists as well as people's mental health consultants. The deputy manager explained that people were reviewed regularly by a multi-disciplinary team which included the person's social worker and other key persons including their community psychiatric nurse depending on their needs. Where the person's needs were stable, they were seen on an annual basis, where the person's needs were more complex they were seen more frequently in order to collectively find a stable course of care and treatment. For example, we saw records that indicated one person had been under frequent review from their consultant when they first began using the service. However, after an initial period of time during which they had settled into the service, the frequency of their reviews decreased.

The service assessed people's needs and choices so that care and support was delivered in line with relevant legislation and standards to achieve effective outcomes. Care was delivered in accordance with internal policies and procedures in a number of areas, including medicines management, safeguarding vulnerable adults and infection control among others. Policies identified the procedures to be followed and relevant legislation and standards that required adherence in order to do so. For example, the provider's whistle blowing policy made reference to the Public Interest Disclosure Act 1998 and demonstrated compliance with this.

We spoke with the deputy manager about the provider's compliance with legislation and standards and he explained that he worked to ensure that all care staff were given up to date training that was delivered in accordance with current standards and legislation. He explained that current standards were also discussed in team meetings where he would discuss potential scenarios with care workers to test their knowledge.

Good

# Is the service caring?

## Our findings

People gave positive feedback about their care workers. People told us, "Staff are very helpful", "The carers are very good" and "They're nice and caring." People told us they were treated with kindness and compassion by the care workers who supported them.

Care staff demonstrated a good understanding of people's life histories and the circumstances that led to them requiring care. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records. Care records also included details of important dates, people's likes and dislikes in relation to activities, food as well as information about routines that brought them comfort. Staff members we spoke with gave details about people's lives and people important to them. They were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods. For example one care worker told us "Lack of sleep can be a problem, so we encourage people to avoid this if we can."

Care workers told us they worked to promote people's independence. A care worker told us, "We give people choices to keep them involved. We also do things like giving cooking lessons. This increases their independence." Another care worker said, "I always encourage people to do things for themselves. We support people, we do not impose our wishes on them."

People's care records included prompts for care workers which were geared towards developing people's skills and encouraging them to be as independent as possible. This included an explanation of what people were able to do for themselves as well as areas where they required encouragement and additional support. The care plan also specifically asked 'How you could help me do more for myself' and included examples of how care staff could encourage people to do things on their own. For example, we saw details of relevant questions staff could ask to prompt people to consider tasks they needed to complete as well as reminders to encourage people to finish jobs on their own.

People we spoke with also confirmed their privacy was respected. People commented, "The staff respect us, they don't look down on us" and "They respect us and I respect them." Care workers also explained how they promoted people's privacy and dignity and gave us practical examples of how they did this. One care worker told us "I always knock on people's doors before I go in. This is important."

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The management team conducted six monthly reviews of people's care and took action to deal with any requests that people made.

Care records included details of people's cultural and religious requirements, and the deputy manager confirmed that these were identified when people first started using the service. When we spoke with care staff they had a good level of knowledge about people's culture and spiritual beliefs and how this influenced and contributed to the support they provided.

Good

# Is the service responsive?

## Our findings

People's preferences about how they were supported were discussed with them to ensure they were supported in the way they would like. People commented "They asked me questions when I first moved in about what I wanted. They've done what I've asked" and "They help me the way I want here."

People told us they had been involved in developing care plans to ensure that their views were taken into account. Care records were personalised and described how people preferred to be supported. Assessments covered areas including people's physical and mental health, their routines and sleeping patterns. Care records also included areas related specifically to the person's individual personality including a section entitled 'what's important to me'. This section included details of what was most important to the person in their lives and included matters such as favourite activities and people important to them. Care records also included details of their likes and dislikes, routines and other preferences regarding how they wanted their care to be delivered.

We saw evidence that people's care records were reviewed within 12 months. Risk assessments and care records were updated after a 12 month period and these included updated details about people's needs.

People were supported to access the community such as going to youth clubs and the gym. On the day we visited people were being supported to go to places they chose. People told us they went out every day to places of their choice. People's comments included "I go out every day to different places" and "They [care staff] take me out every day. I do sports and see my family."

Care records included information about people's involvement in activities in a specific section entitled 'activities, interests and things I like'. This section specified what people enjoyed doing both indoors and outdoors, what they did for fun and whether they had any hobbies. The section concluded by stating what support people needed to pursue their interests. For example, one person's care record included instructions for care staff to produce an activities timetable to ensure the person was not completing the same activities every day. We found this person did have an activities timetable in place which included a variety of activities. Care staff told us the person participated in various activities and this had improved their mental wellbeing.

People's complaints were responded to appropriately. The service had a complaints policy which outlined how formal complaints were to be dealt with. People confirmed they would speak with the registered manager or deputy manager if they had reason to complain. One person told us "I'd go straight to the manager if there was a problem." We reviewed complaints that had been received at the service and found these were investigated and responded to appropriately.

Good

# Is the service well-led?

## Our findings

The service promoted and supported an open culture for staff. One care worker told us they "enjoyed" working in the service and another care worker told us, "I really like working here." Care workers told us they were made to feel valued and that there was an open culture in the service. They told us that if they made a mistake they would feel confident speaking with a senior member of staff about this. We observed the deputy manager interacting with people using the service throughout the day and conversations demonstrated he knew people well and spoke with them regularly.

Care staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Care staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw people's job descriptions were also included in their files.

Quality monitoring systems helped ensure the provider delivered safe and effective care. The registered manager completed audits such as infection control and environmental audits on a monthly basis. We saw the most recent copy of these and they did not identify any concerns. There were suitable systems in place to obtain people's views on how care was being delivered. Monthly 'residents meetings' took place at the service where people and care staff could discuss matters affecting the service and their care. We saw the minutes of the last meeting held and saw these contained details of discussions about Christmas celebrations and people's New Year resolutions and reflections on the year.

The provider was committed to meeting their registration obligations with the Care Quality Commission (CQC). Notifications were sent to CQC with sufficient details of the issue and the action taken to ensure people's safety.

The provider had a clear vision to deliver high-quality care and support. Staff demonstrated they were familiar with the values of the organisation and the importance of these to their work. Their comments included "The main purpose of my role is to provide high quality care by giving people choices and respecting those."

The provider had a strategy to deliver good quality care and had plans in place to ensure business continuity. We saw a copy of the provider's 'business continuity plan' and this included details of how the service should continue to operate in the event of an emergency within any aspect of their service. This ensured that the provider was prepared to continue providing a safe service in a variety of circumstances.

The provider worked with members of the multidisciplinary team in providing care to people. This included the mental healthcare professionals including people's Community Psychiatric Nurses and their consultants. Social workers also attended the service to participate in people's reviews of care. Where issues were identified improvement plans were put in place.