Ridgewood Care Services Limited

Crockstead Farm House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Crockstead Farm House is a care home. People in care homes receive accommodation and nursing or 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. The home is registered to accommodate up to five people and provides care and support for three adults with learning disabilities and or autism. The home is sited in a rural area close to a small town and provides a homely environment for people, with access to a garden.

The inspection was announced and was carried out on 22 March 2018 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The care service is delivered in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion which ensure people using the service can live as ordinary life as any citizen.

People's medicines were managed safely. However, we found that the controlled drugs cabinet did not meet current specification. When we pointed this out to the provider and registered manager, they took immediate action to replace the cabinet and updated CQC when this was done. People received their medicines as prescribed by staff who had been trained to administer medicines safely.

People were kept safe; the registered manager and staff knew their responsibilities to report any concerns under safeguarding vulnerable adults and protect people from abuse.

There were sufficient staff deployed to meet people's needs and keep them safe, both at the home and while accessing the local community. Recruitment procedures were safe and supported the provider to make safer recruitments decisions to employ suitable staff.

Staff received training, supervision and appraisal to support them in their roles and to provide them with the required skills, knowledge and competencies.

Risks associated with people's health, safety and welfare had been identified and assessed, and guidance was in place to help staff to reduce those risks. Emergency and evacuation procedures were in place and staff understood what to do in the event of an emergency.

Staff understood the principles of the Mental Capacity Act 2005 and worked within ensuring they sought

people's consent and acted in people's best interest. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People had access to health care services when required and were supported by staff to maintain their health and wellbeing. People were offered a choice of food and drink that met their dietary needs and personal choices.

People took part in a wide range of activities in line with their interests and personal goals. Staff were kind and caring and treated people with dignity and respect. People were encouraged to maintain important relationships with family and friends.

Systems were in place to monitor and assess the quality and safety of the service, including complaints and compliments. People and relatives were offered opportunities to feedback their views about the care provided and this was used to improve the service. However some policies and procedures had not been reviewed regular and contained outdated information. When we pointed this out to the provider they took immediate action to rectify this.

Staff felt very supported by the registered manager who was approachable and involved them in the development of the service. The registered manager understood their legal responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the Care Quality Commission.

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

Medicines were managed in a safe way. However the controlled drugs cabinet did not meet current requirements. The provider took immediate action to rectify this.

Staff understood safeguarding principles and what to do if they were concerned about people.

Risks to people's health and safety were assessed and plans of care put in place for staff to follow. Staff knew people well and how to keep them safe.

Staffing levels were well managed which promoted people's safety and helped to ensure a good standard of support was consistently provided to people.

Is the service effective?

Good

The service was effective

Staff received a range of training and support relevant to their role. Staff felt well supported by the registered manager and provider.

The service worked effectively with a range of health care professionals to ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

Is the service caring?

Good

The service was caring

People were treated with dignity and respect and staff knew people's care needs well.

People were supported and encouraged to maintain links with the local community.

Staff promoted people's involvement in their care plans.

Is the service responsive?

Good

The service was responsive

Care records and people's assessed needs were regularly reviewed.

People were involved in deciding what activities they liked to do on a daily basis.

People received person centred care, which focused on their individual needs.

The provider had a complaints procedure in place and this was clearly on display in the service.

Is the service well-led?

Good

The service was well led

Staff felt very supported and respected by the registered manager and provider. They had confidence in the management of the service.

A range of quality audit was in place to drive improvements within the service. However we found that some policies and procedures had not been reviewed regularly, The provider took immediate action to rectify this.

People who used the service had a say in how it was run.

Crockstead Farm 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 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 22 March 2018 and was announced. The provider was given 48 hours notice because we needed to be sure that staff would be available on the day.

One inspector carried out the inspection.

Before the inspection we reviewed, the information the provider had sent to us in the provider information return (PIR). This is key information we require the provider to send to us at least annually. It includes information on what the service does well and any planned improvements they plan to make. We also reviewed notifications the provider had sent to us about important events that had happened within the service and that the provider has a legal responsibility to tell us about. We used this information to plan our inspection. http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service. We spoke with two people who used the service, some of whom had limited verbal communication. We spoke with the registered manager and three staff members. We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, incident reports, staff recruitment, training records, staffing rotas and quality assurance records.

Good

Is the service safe?

Our findings

People felt safe living at Crockstead Farm House. One person said, "The staff keep me safe."

On the day of inspection, we found that the controlled drugs (CDs) cabinet lock did not lock securely and that the cabinet did not meet current specifications for the safe storage of controlled drugs. The provider took immediate to rectify this and ordered a new cabinet and took action to store the CDs safely until the cabinet was fitted. The provider sent us evidence shortly after the inspection that the work had been completed and new cabinet had been installed safely. Otherwise people's medicines were managed safely. There were safe systems in place for the safe ordering, storage and administration medicines. People's medicines administration record (MAR) were completed appropriately and balances in stock tallied with the balances on the MAR. People's records had up to date information about their medical history and where people were prescribed 'as required' medicines (PRN) there were protocols in place detailing the circumstances of how and when a person would need their PRN administered to them.

CDs stock was monitored safely and the controlled drug book contained a clear record of stocks held and regular auditing of CDs had been carried out. CDs are medicines that require additional measure to ensure they are managed and stored safely.

Systems were in place to identify and reduce risks to people living within the home. We found care plans contained individualised risk assessments to help manage risks appropriately and keep people safe and documented that people had been involved in developing these. For example, risk assessments were in place for people when out in the community and were individualised for each person, managing personal finances and managing the potential risks associated with their epilepsy. There was evidence in people's records that risk assessments were reviewed regularly.

The provider had carried out relevant environment checks including gas and electricity. We saw that equipment had been maintained and regular servicing had been carried out. There were fire risk assessments in place and all people had individualised personal evacuation plans (PEEPs) in place. The registered manager had carried out regular fire evacuation practices.

There was an out of hours on call system in place. Staff told us the management team were supportive if they needed to contact them using the out of hour's system and always responded

Systems were in place to safeguard people from abuse. Staff we spoke with had a good understanding of safeguarding and whistleblowing procedures, and knew they should report any concerns to the registered manager. The staff we spoke with were confident that the registered manger would deal with any concerns appropriately. The registered manager understood their responsibilities in reporting any safeguarding concerns to the local authority and the Care Quality Commission (CQC) Training records showed all staff had completed safeguarding adults training within the last 12 months.

There were sufficient numbers of suitably skilled staff in place to meet people's needs safely. People

required individualised staff support to access the community and take part in activities. Staff had been deployed to enable people to carry out their chosen activities and keep them safe.

The registered manager had a system in place to record accidents and incidents. Being a small service for adults, there was a low incidence of accidents and incidents affecting people living at the home. Those that had occurred were recorded and reviewed to see if any remedial action could be taken to minimise the risk of recurrence.

The provider had safe recruitment processes in place. Staff records evidenced that two references (one of which was from the previous employer), identity checks and Disclosure and Barring Service checks were completed before staff had commenced work. These checks allowed the provider to make safer recruitment decisions.

People were protected from the risk of infection. The registered manager had an infection control policy and procedure in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE), such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

The registered manager had completed assessments for all people before they commenced using the service. This ensured that the service could meet people's care needs and identified risks that needed to be managed within the home. People's sexuality and lifestyle preferences as well as their rights, consent and capacity were taken into consideration, discussed and recorded where appropriate. The registered manager involved people and their family members in this process where appropriate.

New staff underwent an induction, which included spending time with other experienced staff; this enabled them to get to know the people they were supporting. Staff told us, and we saw records to demonstrate, they were up to date with their training. This included subjects to meet the specific needs of people living in the service. For example, support people with known health conditions such as epilepsy and behaviours which might challenge the service. One staff member told us, "The induction was really good it gave me the confidence to do my job." Another said, "I feel well supported with the training I have received."

Records showed that staff had regular supervisions and a yearly appraisal. One member of staff told us, "I can discuss anything with my manager they are very supportive." Staff told us that they felt well supported and that the registered manager was supportive and contactable on a daily basis.

The Mental Capacity Act 2005 (MCA 2005) 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, 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 who lack mental capacity to consent to care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised. The procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and we saw that applications to the supervisory body for authorisation had been completed.

Staff understood their responsibilities under the MCA 2005 and ensured that people made their own decisions or were supported and decisions made in people's best interests and were documented. One staff member told us, "We never assume somebody can't make a decision and we will support them with that decision." Another said, "If someone lacks capacity we would still try involve them and the family and ensure we do what is in their best interest." During the inspection, we observed that staff asked for people's permission and agreement before assisting them with any support.

Peoples needs were assessed and support plans were created. We observed that staff followed these plans and regularly reviewed the effectiveness of the approaches they had adopted in line with legislative requirements and good practice. Individual choices and decisions were documented in the care plans and we saw that they had been reviewed regularly.

We saw from records that people were supported with meal planning and preparation. We saw and people told us they chose menu items, shopped for and assisted to cook meals. Care records showed that people's

weights were monitored and guidance was given to staff about people's dietary needs and preferences.

The home was spacious and homely and thought had been given to which bedroom would be best suited to meet each person's needs. For example, at this inspection the registered manager told us they were in the process of changing a person's room as the room currently used did not best meet their needs. We saw that people's bedroom were individually decorated and that people had been involved deciding the décor.

There were arrangements in place to ensure people's health needs were met. People's records showed that people had been supported with health and social care appointments. These included GPs, dentists, opticians, chiropodists, psychiatrists and social workers. We saw staff supported people to engage with local community services and regular therapeutic services that visited the home regularly.

Good

Is the service caring?

Our findings

People told us that all the staff were caring. For example, one person told us, "I like the staff, they help me."

The atmosphere in the home was calm, friendly and relaxed. Throughout the inspection we observed staff interactions with people. We saw people were treated with dignity and respect and support had been unhurried and given at a pace that suited the person. There was an emphasis on independence and emotional support. People were encouraged to engage in activities they enjoyed, most of which were community based. Staff we spoke with were enthusiastic about the people they supported. They were proud of the achievements people had made and were eager to support them and maintain their independence.

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Staff responded with compassion and kindness when people became anxious or upset. We observed that staff made time for people and listened to what they had to say. One person needed to seek staff re-assurance. We observed that staff engaged with the person positively and calmly. They were skilled at distracting the person, and successfully helped them become calmer.

There was a strong, person centred culture within the home. Staff respected people's choices and wishes and encouraged them to make day to day decisions. The registered manager told us, "We do have activity plans but we let people decide what they want to do on a daily basis, if they want to do something different to what is planned, we will accommodate it as much as possible."

Staff understood their responsibilities in managing people's sensitive information and maintaining confidentiality. People's paper records were locked away and not left out on view. Computer systems were password protected and only staff with appropriate authority could access these.

Good

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person told us, "We talk about things I like doing with my key worker."

People's support was planned with them and with people who knew them well. For example, their relatives, key worker, the registered manager and any health professionals involved in their care. A key worker is a specific member of staff responsible for leading and reviewing someone's care needs and liaising with family members and others involved in the person's care. People's support plans contained information about how they liked to be supported with communication, mobility, emotional wellbeing, activities and life skills. They also included information on how to promote people's independence and choice. We saw that people's support plans had been reviewed regularly which ensured they remained current and staff offered appropriate support. During the inspection, we observed staff understood people very well and supported them in line with their plans. For example, we observed staff planning a shopping trip with one person and discussing what it was they needed to buy.

People were supported to take part in meaningful activities and access the local community. Each person had an individual activities programme which was flexible to accommodate people's individual needs. For example, one person enjoyed looking after the chickens and had been given the job of ensuring they were safely put away at night. Another person was supported to engage in football and athletics at the local sports centre. This was an activity they really enjoyed and they now helped train other people who attend the club. This person has now gained more confidence and works part time as a waiter in a local hotel. On the day of our inspection we saw people were engaged in community activities being supported to go for walks and shopping for food.

One health professional who visited the home regularly, told us, they felt supported by staff who kept them informed of any changes in people's behaviour or health and anything else they might need to be aware of such as, a person's mood that day. They also said the registered manager was very approachable and kept them updated on changes to individuals care needs that were relevant to them.

There was a complaints procedure in place. The registered manager monitored complaints and concerns but had not received any of these recently. No one we spoke with raised any concerns about the service.

Good

Is the service well-led?

Our findings

People knew the registered manager and it was evident that people felt relaxed and comfortable in their presence. The registered manager was visible within the home and was actively involved in supporting people with their support and social needs. They had a good knowledge of their legal responsibilities under the Health and Social Care Act 2008 and had submitted relevant notifications of events to the commission when required.

There was an open and supportive culture within the home. The registered manager encouraged people to see this as their home and be as independent as possible. Staff felt supported by the registered manager and all staff said they could raise any issues with them. One staff member told us, "The registered manager is approachable and supportive. Out of everywhere I have worked. This is the most comfortable I've felt in a work place." Another said, "I'm happy working here, it is well managed and the staff are very supportive. One other said, "The manager is very good they know what they are doing, we work as one team."

Communication within the team was very effective and enabled staff to keep up to date with the running of the home. A team diary and memos were used to share information and updates and to record people's health appointments or important dates. A handover meeting took place at each change of shift which ensured all staff had up to date information about people's routines or changes to their support needs. Staff meetings took place which provided opportunities for staff to reflect as well as discussing issues and sharing ideas. We saw minutes of meetings reflected this.

Systems were in place to help monitor the quality and safety of the home and identify areas for improvement. A range of audits were carried out, for example, infection control and medicines, and any actions were identified and completed in a timely way. Relatives were asked to feedback their views. People were involved in how the home was run and were encouraged to feedback their views and share their ideas for how the home could improve. The service held service meetings every two weeks to discus all services and share good practice and any learning from incidents or events.

However, during the inspection we found that not all policies and procedures had been reviewed and updated regularly some since 2016. For example, the epilepsy guidance had not been reviewed since 2016 and referred to Rectal Valium which is not the wording used in current good practice guidance. When we pointed this out to the provider they took immediate action and reviewed policies and procedures and sent copies to CQC to demonstrate what they had put in place.

Incidents and accidents were recorded by staff which were reviewed by the registered manager to try to identify any patterns and reduce the likelihood of reoccurrence. Where appropriate, these were identified and shared across services to enable lessons learnt to be shared.