Matley-Jones Brown Limited

Ridgewood

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

Overall summary

We inspected Ridgewood on 26 October 2015. This was an announced comprehensive inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected in November 2013. During that inspection visit we found the service was meeting regulations.

Ridgewood provides care and accommodation for up to twelve people who have a learning disability, mental health needs and autistic spectrum disorders. Twelve people were living at the service during this inspection visit.

The service is situated close to the centre of Camborne. It had good access to a local transport network including rail links. The service also had its own transport to support people to attend community facilities and events.

The service had a registered manager in place. 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.

The service was not consistently heated. Some areas of the service were cold including bathrooms and peoples

Summary of findings

rooms. We raised this issue with the registered manager due to the potential to restrict people's movement in these areas. A maintenance employee checked the issue. A fault was recognised and actioned to ensure the system was operational throughout the service.

Due to people's communication needs we were unable to gain people's verbal views about the service and therefore we observed staff interactions. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service.

People at Ridgewood were supported to lead fulfilled lives which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs. On the day of the inspection visit six people were attending separate day placements, five people remained at the service and one person was in hospital. People were engaged in their individual routines and activities and one person went out for part of the day into town. Relatives told us they believed their family members had choice and control in their lives and were supported safely and with respect. Comments included, "Nothing but praise for the staff" and "They [people using the service] have so much choice in what they want to do. It's lovely".

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a structured induction programme and told us this was beneficial and prepared them well for their roles. Staff told us, "The new induction programme is very intense but it's prepared me for my role". The staff team were well supported by the registered manager and received regular supervision and staff meetings. These were an opportunity to share any concerns or ideas they had with the staff team and management.

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. They clearly described how staff could support people in these circumstances.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks chosen by themselves, which we saw they enjoyed. People had been included in menu planning. Some people were actively involved in meal preparation and this was reflected in risk assessments.

We saw evidence that quality assurance processes were regularly undertaken to ensure the service were aware of people's views of the service and could monitor auditing processes at the service. This ensured an open service culture that is open to challenge and learning from issues affecting the quality of the service as they arose.

Summary of findings

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. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

People's medicines were managed safely and there were safe.

Staffing levels met the care needs of the people that lived at the service.

Is the service effective?

Good

The service was generally effective. One the day of the inspection visit the service was not heated consistently. There was no heating in people's rooms and bathrooms which meant they were not comfortable areas to use. Appropriate action was taken to address this issue by the registered manager during the inspection visit.

New employees completed an induction which covered training and shadowing more experienced staff.

Staff training ensured people were cared for by staff who were competent in their roles.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good

The service was well led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

There was a clear ethos in place which focussed on ensuring people had fulfilling lives and experiences.

Ridgewood

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 was 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 comprehensive inspection took place on 26 October 2015 and was announced. The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, deputy manager and four support staff. Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. We spoke with two relatives and received feedback from one professional.

We looked around the premises and observed how staff interacted with people during the inspection visit. We also looked at three people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Ridgewood. They said, "I feel [relative's name] is very safe living there. The staff are wonderful" and "They [staff] put people first. Yes I do feel they are safe".

Some people were out at various day time activities. Those who remained at the service were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation. Staff and managers were visible and available to people throughout the inspection visit and were seen to engage with people throughout the day. People responded positively to managers and staff and it was evident they were comfortable in each other's company.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. If their concerns were not acted upon staff told us they would report them to the local authority and the Care Quality Commission (CQC). Information in the form of leaflets and posters were available to people and were also in easy read format. They provided the current contact numbers for people should they feel concerned about issues relating to safeguarding.

CQC had received notifications from the provider as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

Staff supported people to take day to day risks whilst keeping them safe. For example some people were involved in preparing meals and hot drinks. Records showed the level of support people required to carry out these tasks safely. We saw care plans contained risk assessments which were specific to the needs of the individual. For example where a person liked to go out in the car, the risk assessment showed what signs staff should look for, if they were to become agitated and what action to take. The service had safe and effective procedures in place to support people in managing their finances. Relatives were involved where a person lacked capacity to manage their finances. Receipts were maintained for all cash purchases. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staffing levels and the skill mix at Ridgewood were sufficient and flexible to meet people's changing needs. Each person who lived at Ridgewood had different support levels and this was reflected in the service staffing rota. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. Staff commented, "We have a good team and support each other". Relatives told us they felt there were enough staff to meet people's needs. One person said, "The staff are wonderful. I don't think we could ask for more. They are always around when we visit". More staff were on duty during times when people living at the service were all at home. During the daytime some people were out at arranged activities, but there were enough staff on duty to support people who remained at the service. Staff were seen to have the time to spend supporting people in activities or spending time with people on a one to one basis.

There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these were accurate. Only staff who had received medicine training were allowed to administer medicines to people. One staff member said, "It's important we all know how to give meds [medicines] safely. We only do it when we have had training and we get regular spot checks to make sure we are doing it right". Where people required prescribed application of creams records were being completed by the staff applying the cream at the prescribed times.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at three recruitment files and found they contained all the relevant recruitment checks to show people were suitable and safe

Good

Is the service safe?

to work in a care environment. A member of staff told us they thought the recruitment process was good and they had been given all the information they felt they needed about their role and responsibilities.

Fire safety records and maintenance certificates for the premises and equipment were in place.

Good

Is the service effective?

Our findings

We looked around the service environment. Heating was not constant throughout the service. Bathrooms and peoples rooms were not heated and felt cold. We raised this issue with the registered manager, due to the potential to restrict people's use of these areas. A maintenance employee checked the issue. A fault was recognised and actioned to ensure the system was operating effectively throughout the service.

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

We reviewed the service's staff training plan and looked at individual staff records and details of planned training events. Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Staff training needs were identified by the registered manager and reflected training which supported them in their roles. Four staff members we spoke with told us training was good. Comments included, "They [managers] are always making sure we are up to date with everything" and "There is a good range of training here especially for the needs of people living here".

Staff supervision comprised of regular observations of tasks by the registered manager and deputy manager. For example medicine administration and recording. In addition staff completed an annual self-assessment which was reviewed by the registered manager in order to identify training needs. Staff told us they thought one to one discussions with the registered manager or deputy manager would be more beneficial than the general discussions which took place now. We shared this information with the registered manager who acknowledged it was an area they would consider implementing.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Applications had been submitted where people's movement was restricted due to personal safety issues.

Diet and nutrition was focused upon for each person. A pictorial menu was available in the kitchen and the days options were on the general notice board. It showed what was being prepared daily, although staff said there were often changes as people collectively or individually often wanted to make their own choices. Staff supported people to do this. The atmosphere at lunchtime was relaxed with people sharing conversations and enjoying the experience. A member of staff told us, "Meals are very flexible as you can see. Some like to eat together others like to have their meal when they choose and we [staff] understand that". Staff cooked the main meals but people were able to prepare their own snacks and drinks, with support as necessary.

The service supported people with complex health conditions and records demonstrated staff were knowledgeable about people's conditions and medical needs. People were supported to maintain good health, with access to healthcare services and ongoing healthcare support. People saw their GP and attended other necessary appointments including the dentist when they needed to and this was documented in records. People had access to annual health screening to maintain their health although some people refused to attend these appointments. Staff told us, "We encourage people to attend appointments and tell them of the importance, but we also have to acknowledge people's choice". Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. Staff told us this was a very useful tool for them.

Good

Is the service effective?

One professional we spoke with told us the service worked well with them. They said when staff at the service asked for advice they were confident they would follow it and had the skills to deliver care and support to people.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued people. They talked about their roles enthusiastically. Comments included; “This really is one of the best job’s I have had. You get a lot out of it” and “The thing I like most is every day is different and because it’s not too big you get to know everybody really well. They are all characters”.

Not everyone who lived at Ridgewood communicated using words. Staff were familiar with people’s communication techniques and able to support people to engage with us. Comments included: “[Person’s name] doesn’t talk with us but that doesn’t mean they don’t communicate. They just have their own way.” We saw staff communicate effectively with people throughout the day.

We observed the routines within the service were relaxed and arranged around people's individual and collective needs. Most people chose to spend their time in the lounge, conservatory and dining area. The service had a relaxed atmosphere. For example one person was enjoying using a range of crafts. Another person wanted to go out and did so with the support of a staff member. All were being supported by sensitive and caring staff.

Staff knew the people they supported well. Care records contained information about people’s personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a persons care and support.

Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. When we moved around the service we observed speaking sensitively and respectfully with people.

Prior to and following this inspection visit we received information from a professional and care coordinator who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.

Good

Is the service responsive?

Our findings

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager and staff team that people who lived there, were supported to be as independent as possible and lived their life as they chose. For example people attended different day care activities so they made independent friendships with people other than those they lived with. People went out individually and not always in groups so their scope of life experiences differed in response to their needs and choices.

People using the service had access to transport which included two cars. This supported people to attend appointments, attend day care services and to go out as a group or individually. A staff member was supporting somebody to go out into town when we were at the service. Another staff member sometimes took people to day care facilities and picked them up. Staff told us having transport was a useful resource. They told us, "Having the transport is really useful and we use it all the time". On the day of the inspection visit most people were away from the service for most of the day attending activity centres. People remaining in the service engaged in a number of activities throughout the day. We saw people talking with staff, relaxing, listening to music and involved with crafts. People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example the service was close to the centre of Camborne and people were supported to shop locally.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and activity logs were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. A communication book was also used to record any general information which needed to be shared amongst the staff team.

Care plans were structured and detailed the support people required. The care plans were person centred and identified what support people required and how they would like this to be provided. . During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend their time.

We saw that care planning reviews took place regularly. Records demonstrated that people routinely discussed their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to the person.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Good

Is the service well-led?

Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. Staff said they shared information every day and between shifts. Staff told us they were a strong team and a new member of staff told us they were well supported by management and their colleagues. Staff meetings were held regularly and staff told us they were able to raise issues or concerns they had at any time and were confident they were listened to. Staff told us they loved working at the service. Comments included, "It's a good place to work, we all work together and support each other" and "I think we get the support we need. You can always go in and talk with the manager".

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence within their own abilities. It was important to the registered manager and staff at the service, that people who lived at the service were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

People and where possible relatives, were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings, meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were surveyed. A recent survey was completed by staff members asking people questions about living at the service. Responses were positive but by not using easy read pictorial format meant people did not have the opportunity to complete them independently. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have. One relative said, "There is always someone around if we need to talk about something. Sometimes I ring and get the answers I need".

The registered manager and staff told us they were continually gathering the views of people who used the service. Staff said the most reliable way of measuring people's satisfaction was by observing and monitoring actions and behaviour. This was recorded in a variety of ways including daily logs and incident logs.

The staff team was lead effectively by the registered manager. The registered manager was supported by the registered providers of the service. The director worked at the service on a regular basis and the provider visited the service regularly to review its operations and provide support where necessary.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Fire systems and equipment were regularly checked along with gas and electric appliances, moving and handling equipment and the passenger lift.