

Ryde House Homes Ltd

Ryde Cottage

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

Ryde Cottage 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. Ryde Cottage provides accommodation and support for up to seven people living with a learning disability. At the time of the inspection, there were seven people living at the home.

This inspection took place on 2 and 12 November 2018 and was unannounced. The gap in the inspection dates was due the availability of key people, including the people who lived at the service.

Accommodation was arranged over two floors which could be accessed by a staircase. There was an open plan communal area for social interaction and a quiet room for people to use if required. People also had access to an enclosed garden which had seating and tables available.

The home has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We last inspected the service in October 2017 when we did not identify any breaches of regulation, but rated the service as 'Requires improvement'. At this inspection, we found improvements had been made.

At the time of the inspection there was not a registered manager in post at the service, there was a manager who had taken over the overall running of the service who had applied to the Care Quality Commission to become registered to manage the home. A registered manager is a person who has registered with the CQC 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.

People felt safe living at Ryde Cottage. Staff knew how to identify, prevent and report abuse. Safeguarding investigations were completed and actions were taken in a timely way when safeguarding concerns were raised with the service.

There were sufficient staff employed to meet people's needs; keep them safe and provide them with person-centred support. Appropriate recruitment procedures were in place to ensure only suitable staff were employed.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and staff followed best practice guidance to control the risk and spread of infection.

People received effective care from staff who were competent, suitably trained and supported in their roles. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

Staff understood people's health needs and people had access to health professionals and other specialists if they needed them. Procedures were in place to help ensure that people received consistent support when they moved between services.

People were provided with individualised, person-centred care. Care plans contained detailed information to enable staff to provide care and support in a personalised way. People were empowered to make choices about all aspects of their lives. They had access to a range of activities suited to their individual interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices. People were treated with dignity and respect and staff protected people's privacy.

The management team and staff worked collaboratively with other health and social care professionals to help ensure there was a co-ordinated approach to the delivery of effective care and support.

People, their families and staff had the opportunity to become involved in developing the service.

There were robust auditing and quality assurance processes in place to allow ongoing learning and development.

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.

People felt the service was safe. Staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Risks to people were robustly explored and recorded. The management team and staff had assessed individual risks to people and taken action to minimise the likelihood of harm.

People were supported with their medicines by staff who had been trained and assessed as competent.

People were protected from the risk of infection.

There were plans in place to deal with foreseeable emergencies.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who were competent, suitably trained and supported in their roles.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care.

People were supported to have enough to eat and drink.

Staff understood people's health needs and people had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support when they moved between services.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's privacy.

People's choices and wishes were respected.

Staff understood people's unique communication styles and supported people to communicate their views and wishes effectively.

People's cultural and diversity needs were explored.

Is the service responsive?

Good ●

The service was responsive.

People received care and treatment that was personalised and met their needs.

Staff demonstrated that they know people well, understood their needs and what was important to them.

Staff responded appropriately and in a timely way when people's needs or behaviours changed.

Support was planned proactively and in partnership with people, their families and professionals where appropriate.

People were provided with appropriate mental and physical stimulation.

There was a robust complaints policy and compliments were recorded.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place and staff felt well supported and valued by the management team.

The management team and staff worked collaboratively with other health and social care professionals to help ensure there was a co-ordinated approach to the delivery of effective care and support.

People, their families and staff had the opportunity to become involved in developing the service.

There were robust auditing and quality assurance processes to place to allow ongoing learning and development.

Ryde Cottage

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.

The inspection was unannounced and was carried out on 2 and 12 November 2018 by one inspector.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about. We used the information to help focus the inspection.

During the inspection we spoke with four people who used the service and spoke to two of their family members via telephone following the inspection. We spoke with the manager of the service, the unit manager and four care workers. We looked at care records for five people. We also reviewed records about how the service was managed, including safeguarding records and staff training and recruitment records. We received feedback from three social care professionals and one healthcare professional.

We last inspected the service in May 2017 when we did not identify any breaches of regulation, but rated the service as 'Requires improvement'.

Is the service safe?

Our findings

The service was safe. People and their family members told us that the service provided safe care. One person said, "yes, I'm safe" and a family member told us, "I have no concerns at all about [person's] safety."

There were appropriate policies in place to protect people from abuse and staff had received effective training in safeguarding adults and children. Staff were able to describe the actions they would take if they suspected or observed abuse. One staff member told us, "If I had any concerns at all I would report them to the manager; if I needed to I would go over their head." Contact numbers were available to staff for the manager and unit manager who could be contacted out of hours if a staff member had concerns; as well as the local authority safeguarding team and Care Quality Commission. The manager was aware of the action they should take if they had any concerns or a safeguarding issue were raised. Records confirmed that the manager had investigated all concerns raised; had reported incidents appropriately and promptly took effective action where required.

There were sufficient staff to meet people's needs and keep them safe. Staffing levels were based on the needs of the people living at the home. Some people living at the service received additional one to one hours with a member of staff throughout the week to keep them safe and support them to participate in activities. The staffing levels in the home provided an opportunity for staff to interact with people and support them in a relaxed and unhurried manner. One staff member said, "There is enough staff; there is a solid staff structure. If we did require more staff they would be put in." There was a duty roster system in place which detailed the planned cover for the home. The duty roster showed staff were available as required by people. Short term staff absences were managed through the use of overtime and cover could also be provided where needed by staff who predominantly worked at other locations owned by the provider.

Recruitment procedures were robust to help ensure only suitable staff were employed. Staff files included full employment histories and records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. DBS checks were renewed every three years to help ensure that staff continued to be suitable for employment. References had also been sought from relevant people to check applicants were of good character.

Risks to people were robustly explored and recorded. We reviewed people's risk assessments and found them to be effective to keep people safe. Risk assessments contained clear, detailed information about individual risks to people and how these risks should be managed and mitigated. Risk assessments and guidelines had been reviewed and updated regularly. Risk assessments in place included; guidelines around managing behaviour that may challenge, eating and drinking, accessing the community and travelling in a vehicle, risks of choking and risks in relation to using the kitchen. Staff confirmed they were aware of the risks for each person and how to mitigate them.

People were supported to take positive risks where possible. For example, one person was known to be at risk of becoming anxious when accessing the community, which could result in behaviours which could place the person at risk. Staff worked with the person to develop a risk management strategy. This allowed them to access the community with support in a way that managed their anxiety and limited the risk to the person. This demonstrated that the service was proactive towards positive risk taking and supporting people to have the opportunity to take part in activities and experiences.

Where an incident or accident had occurred, there was a clear record of this, which was recorded on the provider's electronic system. This enabled the manager to review all incidents, accidents and 'near misses'. The provider's human resources (HR) manager also carried out analysis on this information and provided a report to the provider, senior managers and the manager, enabling learning and risk identification across all the provider's services.

People received their medicines safely. People had medicine care plans in place which provided staff with individual guidance as to how people liked to take their medicines. For example, one person's medicine care plan stated, '[Person] likes to take his medication by emptying his medicine pot into his hand himself.' Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. We looked at all seven people's MAR charts and no gaps were identified, this indicated that people received their medicine appropriately.

Guidance was in place to help staff know when to administer 'as required' (PRN) medicines, such as medicine to be given to support epileptic seizures and pain relief. Each person who needed PRN medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. Medicine audits and medicine stock checks were completed weekly to ensure that people had received their medicine as prescribed and to help ensure appropriate medicines were always available to people.

The environment was clean. All cleaning tasks were completed by the support staff on shift and the people living at Ryde Cottage were encouraged to participate in some cleaning duties. Staff told us they had enough time to complete the cleaning tasks that were expected of them. There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as gloves and aprons, were available for staff to use. Staff wore these when appropriate. The laundry was clean and organised and measures had been taken to ensure the risk of infection was minimised. Infection control audits had been completed and action was taken where required. All staff had received infection control training and this was annually updated.

Equipment, such as bath hoists were serviced and checked regularly. The temperature of hot water was monitored regularly by staff. This helped protect people from the risk of scalding. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.

There were plans in place to deal with foreseeable emergencies. Staff had been trained to administer first aid and there was a programme of fire safety training and fire drills in place. Fire safety equipment was maintained and tested regularly. There was an emergency 'grab bag' readily available to staff, which

contained individual personal emergency evacuation plans (PEEP) which detailed people's ability to respond in case of a fire and the support they would need if they had to be evacuated in an emergency.

Is the service effective?

Our findings

People's families told us they felt their relatives received effective care. One family member said, "I have no concerns at all, [person] gets all the care they need."

Staff received comprehensive training that gave them the skills to support people with their needs. People, their families and healthcare and social care professionals described the staff as being well trained. One person told us, "Oh they [staff] are very good." A social care professional said, "I have really only had contact with three senior staff members; it is my opinion that all three have exception skills."

Staff were offered training in a variety of formats to meet their individual learning styles and subject matter. These included practical face to face workshops and individualised e-learning. There was an electronic system to record the training that staff had completed and to identify when training needed to be repeated. The training available included essential training, such as medicines awareness, safeguarding adults, moving and handling and infection control. Additional training was also readily available to staff to support people's specific needs, such as epilepsy, Makaton, autism awareness, dementia awareness, Mental Capacity Act and PROACT SCIP training; which provides staff with a positive range of options for crisis intervention and prevention when supporting people who occasionally displayed behaviour that staff or other people may find distressing. The manager also said that since they have worked at the service they have introduced the completion of 'knowledge checkers' for all staff to help identify any gaps in staff knowledge. Where gaps were identified refresher or specific training would be arranged for the individual staff member.

Staff told us they were happy with the training they received. A staff member said, "The training we get is 'spot on' I can't fault it. If I felt that I needed any additional training I know this would be arranged straight away." Another staff member told us, "We have lots of training and we learn something new every day."

People were supported by staff who had received a robust induction into their role. All new staff were provided with a detailed induction checklist and workbook, which outlined the expectations of the induction and their role. Staff completed the providers mandatory training and 'shadow shifts' with experienced staff before being allowed to work unsupervised. Staff new to care were also required to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Staff had regular supervisions on a one to one basis with a member of the management team. Supervisions provided an opportunity for the management team to meet with staff, feedback on their performance, identify any concerns, offer support and assurances, and identify learning opportunities to help them develop. Supervision records were viewed which demonstrated that a clear and formalised structure was followed to allow concerns and ideas to be shared. If concerns were raised during one to one supervisions, detailed information of how these issues were to be addressed would be recorded along with details of actions taken. Staff who had worked at the service for longer than 12 months also received an annual appraisal. Staff said they felt supported by the management team. One member of staff told us, "The

manager is really supportive." Another staff member said, "I really like the new management- they really do care about the staff and the people."

Staff protected people's rights by following the Mental Capacity Act, 2005 (MCA). 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some of the people living at the home lacked capacity to make some or all decisions relating to their care needs. Where this was the case, staff had assessed the person's capacity using an appropriate tool, consulted with people close to the person and made best interest decisions on their behalf. We heard staff seeking verbal consent from people before providing care and staff described how they always acted in the best interests of the people they were supporting.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. We found the provider was following the necessary requirements and where appropriate, DoLS applications had been made. At the time of the inspection, four people living at the home was subject to a DoLS and the staff were aware of any conditions that were attached to these.

People were given choices about what they ate and drink and could access food and drink at any time. Where people required support with their nutrition and hydration, this was well detailed in their care plans and supported by clear and robust risk assessments where required. Staff were aware of people's special dietary requirements; like and dislikes and encouraged people to maintain a healthy, balanced diet, based on their individual needs. People at risk of malnutrition and dehydration were closely monitored and food and fluid charts were in place, where required; which were correctly completed and detailed. A healthcare professional told us that when they recently visited; "residents all appeared well hydrated and nourished." All staff had received food hygiene training to ensure that food was prepared appropriately.

People were supported to access healthcare services when needed and to maintain optimum health. A healthcare professional told us that they had recently visited the service to carry out annual health checks on people. Information relating to people's health needs and how these should be managed was clearly documented within people's care plans and some contained additional information to aid staff understanding about a certain condition and how this affected the person's abilities. Staff knew people's individual health needs well and were able to describe the signs they looked for when people who were unable to communicate were feeling unwell. Staff supported people to access additional healthcare services when required, such as chiropodists, opticians, GPs and dentists.

The 'Red Bag Pathway' was used to help ensure that people received consistent support when they moved between services. The Red Bag Pathway helps ensure that all standardised paperwork, medicines and personal belongings are kept together throughout a person's hospital stay and was returned to the home with them. The standardised paperwork ensured that everyone involved in the person's care had the necessary information about their general health, current concerns, social information, abilities and level of assistance required. This allowed person centred care to be provided consistently.

Ryde Cottage is an older style building set over two floors. The 2nd floor could be accessed by people, via a staircase. The manager had considered the risks posed by the staircase when admitting people to the home and a robust assessment of their needs was completed to ensure the environment was suitable and people

were safe. Between the first and second day of the inspection the home had been redecorated throughout making it a more suitable environment for the people living there. New flooring had been laid and walls in the communal areas of the home and corridors painted. Art work on the walls had been updated to give the home a more fresh and homely feel. People told us that they had been involved in picking the new colours and art work and one person showed us a piece of art work on the wall in the main lounge that they had chosen. Hand rails within corridors were painted in contrasting colours to walls and toilet and bathroom doors were suitably signed to help people locate these. There was level access to a flat enclosed rear garden, which some people chose to spend their time in. People's bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. One person showed us their bedroom which was painted in colours chosen by them.

At the time of the inspection no one living at the home required assistive technology to support with their safety and communication needs. The management team were knowledgeable of what equipment would be available and how it could be sourced if it was required. The manager told us that assistive technology had been attempted to support one person living at the home with their communication however this had been unsuccessful.

Is the service caring?

Our findings

People told us they were treated in a kind and compassionate way by staff. One person said of the staff, "They [staff] are all really nice." Another person said, "They are lovely." We observed positive interactions between staff and people living at Ryde Cottage. Staff interacted well with people and fully involved them in their care and support. For example, one person had recently suffered a bereavement of a loved one and staff took the time to provide them with emotional support and supported them to regularly visit where their loved one had been laid to rest. On day one of the inspection staff spoke to the person about what flowers or trinkets they wished to take with them for the visit arranged for that day.

Staff spoke positively about their job and the people they supported. For example, one staff member said, "We are all like one big family." Another staff member told us, "People need to feel wanted and like they have a purpose." They went on to tell us that one person had expressed a wish to have a job so they had been given a small job helping at the disco arranged by the provider which made them feel involved, included and helpful.

Staff protected people's privacy. When supporting them with personal care, staff described how they closed curtains and doors and kept the person covered as much as possible. Staff were observed to knock on doors and call out for a reply before entering bedrooms. Information regarding confidentiality formed a key part of staff induction training. Confidential information, such as care records, was kept securely within the office and electronically, and could only be accessed by staff authorised to view it.

The management team and staff worked hard to ensure that people's choices and wishes were respected. A person told us, "I can choose what I do." During the inspection we heard staff involve people in all decisions about where they wanted to go and how they wished to spend their time. For example, one person wanted to go out and a staff member asked, "Where do you want to go?" Following the person's response, the staff member said, "Ok, do you want to go in the van or car." This person's choices were listened to and respected. On the second day of the inspection a person had chosen to stay in bed and they were supported to do this with staff regularly checking on them to make sure they had everything they needed. People's care records had clear and up to date information in them of how people could best be supported to make informed choices. For example, one person's care record stated, 'I like to make choices for myself; please don't give me too many choices at once.' Another person's care record stated, 'I can choose for myself what I want to wear, what I want to eat and what I do during the day; but you might need to help me choose clothing which is appropriate for the weather.' Where people verbally declined or indicated through behaviours or body language that they did not want to do something, this was respected by staff and clearly recorded within the person's daily care records.

Staff used appropriate techniques to communicate effectively with people according to their individual needs. People's unique communication styles were detailed in people's care records. People were listened to by staff, who gave them the time they needed to communicate their views and wishes. One care plan stated; 'I am able to nod my head or respond verbally to questions; as long as you give me enough time to think about it.' Guidance to staff was also available in people's care records of how staff could help people

communicate. These records included personalised do's and don'ts for each person. In addition to how people verbally communicated, information was provided to support staff to interpret the needs and behaviours of people who had limited or impaired ability to communicate. This included describing people's body language and signs to look for in relation to changing moods and behaviours. This information provided staff with increased awareness of the person, to allow risks to be mitigated and managed more effectively, and to enable people to make informed choices.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way that they could understand. It is now the law for the NHS and adult social care services to comply with the AIS. The service was compliant with the Accessible Information Standard which meant that information was provided in an accessible format to aid understanding for the people living at Ryde cottage. For example, all posters and notices displayed were available in both picture and written format.

The manager told us they explored people's cultural and diversity needs during pre-admission assessments and included people's specific needs in their care plans. This included people's faith needs and whether they preferred male or female staff to support them with personal care. Further information was included in an 'All about me' document and clear information about people's backgrounds, wishes and life goals could be found within people's care records. Records for each person gave staff an insight into the person's interests, background and relationships that were important to them. When we spoke with staff, we found they had a good understanding of people's histories and gave examples of how they used the information to support people.

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff provided flexible and individualised care and support to people. People and their families told us they were happy with how staff looked after them. People received care and treatment that was personalised and met their needs. Staff demonstrated that they know people well, understood their needs and what was important to them. A healthcare professional told us, "The carers seem to know the residents well and can answer any questions I have, or find the needed information in the health files."

Each person had a care plan in place which contained detailed person-centred information, which included people's preferences, backgrounds, medical conditions and behaviours. Care plans focused on people's individual needs and how these could be met. Within the care plans there was also a section which detailed what was important to them and how they wanted to be supported. People were included in the development of their care plans and if people wanted to and were able to, they were encouraged to write parts of the care plan specifically around their choices and planning of support. Care plans were available in an 'easy read' document supported with widgets, which explained the purpose of the care plan and the information it contained. Widgets are symbols designed to help people with a learning disability understand what had been written. This helped people to be involved in the development and ongoing review of their care plans. People's daily records of care were detailed, up to date and showed care was being provided in accordance with people's needs.

At the time of the inspection we found that people were actively encouraged to develop and maintain their life skills with the opportunity to participate in daily domestic activities, such as, laundry, cooking, keeping their bedrooms and the house clean and making drinks for themselves.

The staff and management demonstrated a clear understanding of people's needs and triggers that could impact on people's mood and behaviours. Staff responded appropriately and in a timely way when people's needs or behaviours changed. For example, on day one of the inspection one person became unsettled by another person's behaviour and this was immediately noticed by staff due to a change in the person's body language. This staff member provided distraction to the person which demonstrated that they know them well and the potential triggers that could result in them becoming unsettled. Additionally, on day two of the inspection, one person has developed a health condition, staff were mindful that when this person previously behaved in this way the health condition had developed. Therefore, the doctor was called and actions implemented to prevent further deterioration. Staff handover meetings were completed between each staff shift and provided staff with the opportunity to discuss changes in people's needs and share ideas on how to best meet people's changing needs.

People were provided with appropriate mental and physical stimulation and activities were offered as a result of consultation with people and their relatives about their interests. Each person had a personalised activity timetable in place which included activities such as visiting outside organisations or day services, spending time with family members, completing sporting activities such as going swimming and visiting the shops. People were supported to engage in activities in the home such as cooking, arts and crafts and

needlework and to attend day services within the community and at 'Willow Village' (a day service on the grounds of the Ryde House Group complex). People were also supported to attend a local disco which were run by the Ryde House Group corporation held in the community. Daily records demonstrated that activities had been provided or offered as per the activities timetable and where these activities had not taken place, a clear reason why and any alternative activity provided was recorded. On day one of the inspection one person asked staff if they could visit the local town and although this was not on their activities timetable they were supported to do this. On day two of the inspection we saw that one person was offered the opportunity to make cakes.

The service worked with the PRIDE event in 2018 to raise awareness of equality and diversity within the learning disability community. All staff were expected to complete training in equality and diversity to ensure that there is a culture of inclusion and empowerment for people to be themselves. Staff supported people to follow their specific cultural or religious beliefs where required.

People and their families told us they were involved in discussing and making decisions about the care and support they received. For example, a family member said, "We are well informed, kept up to date and often contacted about things." Records confirmed that staff consistently involved family members in decisions about their relatives' care, including during care reviews and updated them promptly with any changes in their relatives' condition. Family members also told us that they were made to feel welcome when they visited their relatives and that the staff supported family relationships by supporting the person to visit family members; including at off island locations.

The provider had a complaints policy and procedure in place. As with all other documentation we looked at, the complaints procedure was also displayed in an easy read and picture format. The manager told us that they had recently made the complaints forms more accessible to the people living at the home so that they could more easily complete these independently. At the time of the inspection no formal complaints had been received in the last 12 months. There was also a dissatisfaction form in place for people and family members to make comment where they didn't wish to go down the formal complaint process. The manager told us that recently one person had been dissatisfied with the food and a family member had made comment on the garden furniture; both these issues were addressed immediately. Any complaints received by the service were fully investigated and appropriate actions were taken when required.

At the time of the inspection, no one using the service were receiving end of life care, however the manager was able to explain the actions they would take if end of life care was required. Which included work closely with the local hospice, healthcare professionals and family members to help ensure that people's needs could be met and that they received appropriate support at the end of their lives. Staff had received end of life training and the management team were currently in the process of creating an advance care planning tool to help ensure that people's end of life wishes were respected.

Is the service well-led?

Our findings

Family members, staff and professionals all felt that the service was well led. A family member said, "[Name of manager] is very efficient." A social care professional told us, "[Name of manager] is a very capable manager, responsive and approachable."

At the time of the inspection there was not a registered manager in place. A registered manager is a person who has registered with the CQC 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. At this inspection there was a manager in place who had taken over the overall running of the service, with support from the directors of the provider's company. The manager told us they had commenced the registration process with the Care Quality Commission (CQC).

Although there was no registered manager in place, there was still a clear management structure, which consisted of the chief executive officer (CEO) who was the provider's representative, the manager, the unit manager and senior support workers. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. The provider was fully engaged in running the service through the CEO and their vision and values were built around providing dynamic support to people with learning and physical disabilities, by promoting their personal growth, independence and enhancing their wellbeing.

Staff felt well supported and valued by the management team. They were confident in the management team's abilities and felt that their views would be listened to and actions taken where required. One staff member said, "Since there has been changes to the management the home is now more organised and things are more efficient." Another staff member told us, "The manager is knowledgeable and enthusiastic; they get things done and if they say they are going to do something they will." A third staff member said, "It's definitely well led and the management are really supportive."

The service had an 'employee of the month' scheme in place, which demonstrated that staff were valued. Staff could vote for a colleague due to something positive they had done to support a person or other staff member, and the winner received a gift voucher. Staff also had access to a company counsellor and were supported to access this if required. A dedicated employee intranet website was available to staff to provide them with important information about changes to the organisation and advice around where to get particular personal support. This also provided staff with useful information and guidance to promote staff wellbeing and safety.

The management team and staff worked collaboratively with other health and social care professionals to help ensure there was a co-ordinated approach to the delivery of effective care and support. The staff and management team were in regular contact with healthcare professionals, social workers, representatives from various local authorities and the local learning disability team to help ensure the needs of the people were met. The manager told us that joint care reviews were completed regularly to share relevant

information about the service and people and to ensure their needs were being met.

There was a strong emphasis on continually striving to improve the service. The manager regularly met with their CEO for supervision and to discuss the current issues of the service and future planning. Managers' meetings reviewed the quality of the service and considered what could be improved upon. The manager was a member of the quality oversight group for the company, which helped them to utilise good practices across the company and share this where relevant. They were also the deputy officer for the learning disability sector of the Isle of Wight care partnership, which provided a network to share good practice; support effective joint working with professionals and remain up to date on best practice guidance.

The provider engaged people, their families, professionals and staff in the running of the service and invited feedback through informal chats, regular meetings and specific focus groups. Staff were also encouraged to regularly feedback via a staff online portal about the service delivery, and share ideas and suggestions on how the service could be improved. Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was formulated by an external representative who created an anonymous report, and shared this with the CEO and management team. The feedback also generated qualitative and quantitative data to support the manager and staff to ensure improvements could be made. The manager also told us that an extra questionnaire had been sent to people and their families shortly after the manager had started in their role. They explained that this was to help identify any areas of improvement that were required quickly to allow actions to be taken as they understood that changes to management care cause concerns and anxieties for people and their families.

The service was monitored through quality assurance procedures, which included; daily recording audits, medicine audits, care records audits and analysing complaints, accidents and incidents. Furthermore, safeguarding concerns were reviewed for trends, to ensure that there were not repeated failings within the care and support being delivered. The manager completed spot check supervisions on a monthly basis to observe that staff were supporting people appropriately and as identified within their care plan. Six monthly peer audits were completed for each area of the service, which involved another manager in the company auditing the service and providing feedback for on-going learning and development. The CEO carried out three audits per year of the service, produced feedback of their findings and developed an action plan which they monitored for development.

Ryde Cottage had up to date and appropriate policies in place to aid with the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred. Although the manager was not yet registered with the Care Quality Commission (CQC), they understood the responsibilities of the role and was aware of the need to notify CQC of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed prominently in the service and on the provider's website.