

Hoople Ltd

Ridgemoor Road

Inspection report

The Mallards
Ridgemoor Road
Leominster
HR6 8UN

Tel: 01432261766

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ridgemoor Road provides accommodation and personal care for up to 8 younger adults and older people with a learning disability and autistic people. The home consists of 2 bungalows each accommodating up to 4 people each. At the time of our inspection, there were 8 people using the service.

Right Support:

Improvements were needed to ensure risks to people were monitored and managed more effectively and consistently. Further development was required to the systems and practices used to receive, manage, administer and record people's medicines. This would help to reduce risks to people.

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

People were supported to maintain contact with people who were important to them. People had their own bedrooms and were able to personalise these as they wished.

Right Care:

People's care, treatment and support plans were not always up to date or complete. This meant staff did not always have the guidance required to provide personalised support to people. In addition, information was not consistently available, should people need to transfer between services in an emergency.

Staff understood how to protect people from poor care and abuse. People were supported to go shopping and eat out and received kind and compassionate care. This helped promote people's wellbeing.

Right Culture:

The provider had identified some improvements were needed in the environment and the way people's medication was managed and checked. Steps were being taken to address these.

Relatives felt the service was well managed and they were kept informed.

Senior staff were visible in the service and staff felt supported to provide good care.

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

Rating at last inspection

This service was registered with us on 21 April 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement published on 3 December 2019.

Why we inspected

This was the first comprehensive inspection of Ridgemoor Road since registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service is based on the findings of this inspection.

Enforcement

We have identified a breach in relation to how medication and people's safety is managed at this inspection. Please see the Safe section of this report.

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ridgemoor Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Ridgemoor Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ridgemoor Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. We announced the second day of inspection. We visited the service on the 5 and 6 December 2022 and continued to review information and contact relatives until

10 January 2023.

What we did before the inspection

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We spoke with 6 relatives about their experience of the care provided. We spoke with 7 members of staff including care staff, deputy manager and the registered manager. We also spoke with an advocate. We reviewed a range of records including care records, policies and procedures, recruitment files, medication records, training, accidents and incidents and audits.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medication was not always managed safely. The provider could not be assured people were receiving their medication as prescribed. For example, some medications prescribed as a regular dose were not always being given.
- The provider could not be assured medication was ordered, received and managed safely.
- Checks were not undertaken by the provider to ensure any changes to people's medication were promptly undertaken. This increased the risk people may not receive the correct medication.
- Medication records were not always completed accurately. Guidance to support staff in the safe administration of 'as required' and topical medications, which support good skin health, either lacked clarity or were absent.
- Regular medication audits had been carried out but staff had not identified some of the issues we found.

Assessing risk, safety monitoring and management

- Care plans had not been developed to guide staff on how to care for one person who had been identified as having poor skin health. Medical advice had been sought, however, instructions had not been put into the care plan.
- Risks to people's safety were not always monitored and managed effectively. This included fire doors being propped open and inconsistencies in the support given to staff to develop the knowledge they needed to keep people safe in the event of a fire.
- People's reviews were not always undertaken regularly and for some people there were gaps in health monitoring records, for example bowel monitoring. This placed people at risk of harm.
- Some people living at the service needed support to manage their weight. However, monitoring of people's weight was not consistently completed. This meant any unplanned weight loss may not be identified and addressed in a timely manner.

Whilst we found no evidence of harm to people, the provider had failed to ensure the proper and safe management of risks to people and medication management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the concerns about the management of people's risks and medicines with the registered manager who gave us their assurance these would be addressed without delay.

Some other areas of safety were managed well. For example, people's personal emergency evacuation

plans (PEEPS) contained essential information for safe evacuation.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- A relative told us, "We sit and talk to [Person's name] in their room privately. [Person's name] would let us know if they were unhappy, or something was wrong."
- Staff had received training in how to recognise and report abuse. Staff were confident any safeguarding concerns reported would be dealt with appropriately by management.
- The provider had safeguarding policies and procedures in place for reporting any safeguarding concerns to the local authority.

Staffing and recruitment

- Staff were recruited safely. This included taking up reference and checking with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager and provider were continuing to recruit staff to fill vacancies. The registered manager used agency staff who knew people. This helped to ensure there were enough staff on shift with the knowledge and skills to monitor and support people.
- Relatives were positive about the current staffing arrangements. One relative told us, "There is enough staff. Some we see regularly, generally it's the same staff."

Preventing and controlling infection

- We were assured the provider was supporting people living at the service to minimise the spread of infection. However, some areas of the home required further maintenance as they had porous surfaces, mould or rust. The registered manager was aware some areas required refurbishment and replacement. The provider was progressing this.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on peoples' relatives and friends being able to access the service and visit people.

Learning lessons when things go wrong

- Opportunities for taking learning on the safety of the care provided, including medication management and the environment, were not fully identified through the provider's checks.
- Monthly analysis of accidents and incidents were undertaken to identify any patterns or trends and discussed at meetings. However, these were not always signed off to confirm they had been reviewed by a senior person and learning outcomes were not always completed.
- Staff we spoke with confirmed learning information was shared either through meetings or in writing.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home so their needs could be promptly met. Where possible, people were encouraged to spend time at the home as part of their initial assessment. This enabled people and staff to get to know each other.
- A relative told us they had been involved in their family members initial assessment. The relative said, "I gave them all the information about [Person's name] before they moved in."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training specific to people's care and support needs. For example, staff had received training in epilepsy awareness, positive behaviour support, learning disability awareness and autism. This helped staff to develop the skills they needed to provide good care to people.
- New staff were supported to understand how to care for people through an induction and working with more experienced staff. Staff were enrolled onto the Care Certificate as part of the provider's induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough to remain well. Staff assisted people in line with their assessed eating and drinking needs and preferences.
- Where people required support with eating, guidance was sought from external health care professionals for staff to follow.
- We saw staff sat chatting with people at mealtimes and supporting those who required assistance with their meals. People were encouraged and supported to maintain their independence, for example, we saw people making their own drinks.

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

- Staff worked with other health and social care professionals to ensure people received the support they needed to access health services. This included annual health review and health screening checks.
- The registered manager gave us examples showing how they worked closely with the occupational therapy team to ensure people had the correct equipment to maximise their safety.
- Health action plans, and health passports had been developed by staff, to use to support people when they accessed other health services. However, further work was required to ensure these remained up to

date and continued to reflect people's current needs.

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

- People's rooms were personalised according to their preferences and reflected what mattered to them.
- People had access to outside spaces. During the inspection we saw one person spending time in the garden enjoying the fresh air.
- The home had been appropriately adapted to accommodate people's physical and well-being needs.
- The provider was further refurbishing some areas of the home so they could ensure they continued to meet people's needs.

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

The Mental Capacity Act 2005 (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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

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

We checked whether the service was working within the principles of the MCA and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Some people had conditions as part of their DoLS. We found there was not always documented evidence to show these had been met. We spoke with the registered manager who advised actions had been followed up and confirmed these would be recorded in the future.
- Mental capacity assessments and best interest decisions had been made if people lacked capacity to consent to their care and support. A relative told us they had recently been involved in a best interest meeting regarding their family member, along with their GP and key staff.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff interacted with people in a kind and respectful way.
- People's relatives told us they thought their relatives were happy and well looked after. One relative told us, "I think it's very good for [Person's name] they are always happy when I go." Another relative told us, "The staff are very compassionate, they know people well."
- Staff had completed training in equality, diversity and human rights. This helped staff to understand people's rights and to respect and value people.

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

- People were involved in making day to day decisions about their care. For example, we saw examples of people being involved in activities and choosing and preparing their meals.
- Advocacy services were involved and were visiting people on the day of inspection. An advocate is an independent person who can help someone express their views and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. For example, doors were closed when people were receiving personal care.
- People were supported to remain independent where possible. A member of staff told us, "[Persons name] likes to put their own clothes away and makes their bed."
- We saw one person loading the dishwasher and getting their lunch from the kitchen.
- A relative we spoke with told us how their family member was supported and encouraged to maintain their independence by making their own drinks.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person centred and included information about their preferences and choices. However, we found some care plans and records required updating. The registered manager assured us this would be addressed.
- Daily handovers were held where staff shared information about people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered when their care was planned and provided. Communication passports were in place and described the level of support people required.
- There was relevant information in pictorial form. For example, a folder with pictures of different food and drink was available to use to support people to make decisions about what they wanted to eat and drink.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with others important to them. For example, we saw staff supporting one person to make a call to their friend.
- Relatives told us they were able to speak and visit their family member whenever they liked.
- Interactions between people and staff were positive. We saw staff listening to people and supporting them to make choices.
- People who lived in the home attended meetings. During a recent meeting they talked about plans for celebrating one person's birthday and how some people were looking forward to putting the Christmas decorations up. We saw people were involved in making Christmas cards to send to families and friends.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they had not had cause to raise any complaints, but they would speak to the manager if they needed to.
- Systems were in place to record, investigate and respond to any concerns or complaints raised.

End of life care and support

- At the time of our inspection no one was receiving end of life care and support. However, people had end of life care plans in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst we found no evidence of harm to people, the provider's governance systems were not consistently effective. A range of audits and checks had been completed however, they had not identified some of the issues we found during the inspection. This meant opportunities to improve care had been missed.
- Where the provider had identified areas for improvement these had not always been promptly followed up. For example, where furniture was showing signs of wear and tear, these had not been removed and replaced.
- The registered manager gave us assurances these concerns would be addressed.
- The registered manager and provider understood which key events needed to be notified to CQC and other agencies, this was evidenced by notifications they had submitted.
- Regular staff meetings were held to share important information and discuss other matters. For example, staff talked about what had worked well the previous month and where they could improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Key worker meetings were held, however, there was a lack of documented feedback from people which meant their views about their care and lifestyle may not always be taken in to account when planning and providing care.
- Surveys were carried out to capture staff feedback, but these had not been extended to people, relatives or health and social care professionals. The registered manager informed us this was being developed.
- Staff worked with GP's, district nurses and other health professionals. Care records we reviewed showed where healthcare professionals had been involved.

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

- Checks were not undertaken to ensure a positive culture was fully embedded in staff practice. For example, some language used in care records did not promote people's dignity.
- Relatives we spoke with told us they felt the service was well led. One relative said, "It seems very well run we are happy with everything." Another relative told us, "They [staff] are very good at keeping us informed."
- Staff felt supported to do their job and had meetings and supervisions which gave them the opportunity to make suggestions to improve the care provided to people. One member of staff told us, "If I bring

something up in a team meeting management do listen to me."

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

- The registered manager understood their responsibility to be open and honest when things had gone wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medication and risks to people.