Mrs Jennifer Khan

Ridley Community Project

Inspection report

49 Ridley Close
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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 Ridley Community Project on 7 and 14 October 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. At the last inspection in December 2013 the service was found to be meeting the regulations we looked at.

The Ridley Community Project is a care home providing personal care and support for people with mental health needs. The home is registered for three people. At the time of the inspection they were providing personal care and support to three people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with three people who used the service and they told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff.

Staff were familiar with people's individual needs and knew how to meet them. We saw staff had built up good

Summary of findings

working relationships with people who lived at Ridley Community Project. There were enough properly trained and well supported staff working at the home to meet people's needs.

People told us they felt happy and safe living at Ridley Community Project. They also told us staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity and respect.

People or their representatives were involved in developing care plans. We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at Ridley Community Project, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns or ideas to improve the service. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

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. People told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious and well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests, preferences and aspirations.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

People using the service and their representatives were encouraged to express their views about the service. These were taken seriously and acted upon. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. People who used the service and relatives praised the manager and said they were approachable. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor quality of care and support in the home.

Ridley Community Project

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Ridley Community Project on 7 and 14 October 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. We spoke with three people living at Ridley Community Project during the inspection and one relative after the inspection. We also spoke with a support worker and the registered manager. We spoke to another support worker after the inspection.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 17 December 2013. Before the inspection the provider 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 improvements they plan to make. Before our inspection we reviewed the information included in the PIR along with information we held about the home which included notifications and safeguarding alerts. We also spoke to the local borough contracts and commissioning teams that have placements at the home, a social worker for a person placed at the home, a community project manager and the pharmacist for the home.

The inspection was led by an Adult Social Care inspector who was accompanied by a specialist advisor. The specialist advisor had experience of mental health services.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing the bedrooms of two people who lived at the home with their permission. We also looked at three care files, staff duty rosters, three staff files, a range of audits, complaints log, minutes for various meetings, resident surveys, staff training matrix, accidents & incidents book, safeguarding folder, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People using the service told us they liked living at the service and staff looked after them. No one that we spoke with raised any concerns about their safety at the service. One person told us, "It is quite safe here. I am never bullied by staff." A relative of a person using the service told us, "My relative is 100% safe living there."

The home had safeguarding policies and procedures in place to guide practice. We saw posters with contact details for reporting any issues of concern were on display and staff training records showed that safeguarding training had been delivered to staff. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would identify the type of abuse and report to the manager. The manager would take the correct steps." We saw records that safeguarding had been discussed in staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked at every handover and we saw records of this. This minimised the chances of financial abuse occurring.

We saw records that there had been no safeguarding incidents since our last inspection. The registered manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission and the local authority. We spoke to the local authority safeguarding team and they confirmed no safeguarding incidents had been reported to them. The local safeguarding team did not express any concerns about the service.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included physical health, mental health, communication, personal hygiene, money management, cooking and social and leisure engagement. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Records we looked at reflected these preferences recorded in the care records for people. Each person's care record had mental health relapse indicators recorded for people. Care records showed actions taken for people whose mental health was deteriorating thus minimising the risk of longer periods of illness.

People who used the service told us there was always staff available to help them. One relative told us, "There is always staff there 24 hours a day." One staff member told us, "We are never short of staff. The manager will cover for someone if they are sick." At the time of our inspection the service was providing personal care and support to three people. Staff we spoke with told us that there was enough staff available for people. The registered manager showed us the staffing rotas for the previous and current month. We looked at staff rotas during the inspection. It was clear from the rotas that that extra staff were bought in on days where extra support was required, for example activities and appointments. The registered manager told us the service did not use agency staff. There were sufficient staff on duty on the day of the inspection.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked storage area. We found that medicine administration record sheets were appropriately completed and signed when people were given their medicines. The registered manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived at the service had received medicines training in the last 12 months.

Good

Is the service effective?

Our findings

People expressed satisfaction with the staff. One person told us, "The staff are alright. I think they are trained enough." A relative told us, "Staff are absolutely amazing." A social worker told us, "All the people I have placed there have improved in their presentation, both physically and mentally over the years."

Staff told us they received regular training to support them to do their job. One staff member told us, "If I need training I will tell the manager and she will organise it." Another staff member said, "We have training all the time." Staff told us they were well supported by the registered manager. Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I get supervision every to two to three months. We talk about where I need to improve. It helps me quite a lot." All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

We looked at the training matrix which covered training completed. The core training included infection control, record keeping, mental health, person centred care, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards, health and safety, and manual handling. We saw records of completed training logs and training certificates were kept in staff files.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. All three staff files included completed induction training records.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People were not restricted from leaving the home. People told us they went out shopping and to various activities without staff supporting them. People identified of being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. The service had no DoLS authorisations in place. We saw that the three people living at the home had been assessed as having capacity.

We looked at care plans for all three of people who used the service. We saw people's risk assessments and care plans included information about people's capacity to make decisions. People who spoke with us told us staff asked for their consent before providing personal care and support. One person told us, "I will sign the care plan if I am happy with it." The same person told us. "Staff will ask my consent before coming into my room."

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping in preparing dishes. On the day of our inspection we observed two people and a staff member preparing lunch for people living at the home. One person told us, "The food is good and cooked from scratch." The same person told us, "The food is quite healthy." Throughout the inspection we saw people helping themselves to hot and cold drinks. Staff told us people could ask for alternative food choices not on the menu and people confirmed this. We saw food and fluid intake was recorded in a daily recording book.

Each person had a care plan that supported them with a healthy diet and exercise. People were weighed regularly, to ensure they were not over or underweight. Records for people using the service showed that their weight was being managed properly by the service. For example, one person had been identified as overweight and we saw in the records that staff were supporting this person with a low fat diet and an exercise plan. We saw the person had lost weight since the start of the plan. The person told us, "Staff help me lose weight and provide me lots of salads."

A staff member told us that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as dieticians, dentists, GPs, chiropodists and psychologists. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. One person told us, "If I'm not feeling well I would tell the staff and they would

Good

Is the service effective?

make an appointment for me to see my doctor." A relative told us, "My relative sometimes has a bad chest and I know staff will organise a doctor." This meant the service was seeking to meet people's health care needs.

Good

Is the service caring?

Our findings

People living at the Ridley Community Project told us they were happy with the level of care and support provided at the service. They also said staff were always kind and caring. Comments we received from people using the service included, “The staff respect my privacy here and they don’t talk to other people about you”, “I like the calmness and quietness of the place” and “The staff are always there for us”. A relative told us, “Staff are very caring and very kind”.

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. Staff we spoke with were able to tell us about people’s life histories, their interests and their preferences and these details were reflected in care plans that we looked at. A staff member told us, “I care for the people here. I help them plan what they want to do.”

We observed the interaction between staff and people using the service and it was clear to see that people were comfortable speaking with staff and the registered manager. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting the people living at the service. People had free movement around the home and could choose where to sit and spend their recreational time.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person centred and reflected people’s wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings. One person told us, “I have a say in my care. We have a meeting every couple of months and they ask if I am happy or not.” Where appropriate, people had access to advocacy services if needed, although none of the people were using advocates at the time of our inspection.

People who used the service told us that staff treated them well and respected their privacy. One person told us. “I have my own room” and “when I want to be alone I go to my room.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “I always knock on the person’s door and wait for their permission before entering.” Another staff member said, “People here have their own room and it is their private place.”

Good

Is the service responsive?

Our findings

People were involved in assessing their care needs and planning the care they required. One person using the service told us, “The staff go through the care plan with me. They ask me questions.” We looked at the care plans for three people and saw they all included an assessment of people’s individual’s needs, wishes and abilities. A relative of a person using the service told us, “I have been to a couple of meetings about my relatives’ care. My relative wanted me to attend.”

We looked at the care records for three people using the service. All the care plans had been reviewed recently and signed by staff and the person using the service. Care plans were personalised and it was clear that people’s specific needs, choices and preferences had been obtained. The care file contained information about people’s preferences, likes and dislikes so staff were aware of these. The care plans identified actions for staff to support people and comments from people. Some of the areas that were considered were physical health, social and leisure, nutrition, money management, communication and transport.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required. Comments from people included, “I go to an activities centre and do computing and cycling”, “I go to an allotment and grow fruit and vegetables”, and “I like doing knitting and crosswords.” A relative told us, “My relative has more confidence now since living at Ridley Community Project. She is kept busy and motivated and now she can go to the shop alone. “People told us they went away on holiday each year which has included France last year and this year Spain. We saw holiday choices were discussed in resident meetings.

People told us they would speak with the registered manager if they had any problems at the home. One person told us, “My wardrobe broke and I told the staff. They got someone to fix it.” Resident meetings were held every quarter and we saw records of these meetings. The minutes of the meetings included topics on menu planning, activities, discussion on care plan reviews, day trips and annual holidays. We noted that the last meeting was held in July 2014.

People using the service and relatives told us the managers and staff regularly sought their views about the home and felt involved in helping to improve it. One person told us, “I would tell one of the staff if I was not happy and something is usually done about it .” A relative also said, “Any problems I will call the manager and she will solve them” and “I did a survey about the home this year. My relative gave it to me.” The manager told us relatives and stakeholders were invited to complete a regular satisfaction survey. The results of the last survey showed that all those who had participated were happy with the standard of care provided at Ridley Community Project.

People told us they had never needed to make a formal complaint about the home but felt confident that any grievances they might have would be taken seriously by the registered manager.

The home had no complaints recorded since the last inspection. We saw the home had a complaint procedure which clearly outlined the process and timescales for dealing with complaints. We saw the providers complaints procedure was accessible to people as a copy was clearly displayed on a notice board located in the lounge area. This information helped people understand how they could make a complaint if they were unhappy with the service and what to expect after they have made their complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post. We saw leadership in the home was good. The manager worked with staff to oversee the care given and provided support and guidance when needed. Our discussions with people who lived in the home, a relative, healthcare professionals, staff, and our observations showed the manager demonstrated good leadership. One person told us, "The manager is excellent. She is always working." A relative said, "The manager is absolutely amazing." A staff member said, "The manager is very nice and the best employer."

The registered manager encouraged staff and people to raise issues of concern with them. Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. One staff member told us, "I feel supported in my role." Another staff member said, "She helps and encourages us to do well. She supports us." Staff we spoke with said that they enjoyed their jobs and said they felt supported. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in supervision sessions and staff meetings and these were dealt with.

There was a clear management structure with a registered manager and support workers in the service. Staff we spoke with understood the role each person played within this structure. This meant that people's roles were clear to staff so they would know the best person to approach for the issue at hand. A commissioner for a person placed at the service told us, "There is a very strong management team at Ridley Community Project." A community project manager who runs an allotment scheme where people attended told us, "She seems good as a manager. She looks at people and staff as individuals. She is a hands on manager and easy to talk too. She will try to solve your problems."

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. We looked at the audits conducted from January 2014 to September 2014. The audits looked at the premises, medication, health and safety, infection control, care plans, training and staff development which included supervision and appraisals. We saw an action plan that resulted from this audit which included who was responsible and actions that had been completed. The registered manager also told us she did a daily check of the home which included looking at the medicines, the premises and the wellbeing of people however she did not record this daily check. Staff we spoke with confirmed the registered manager did a daily check and would follow up with staff any issues raised.

The home had a system for recording accidents and incidents. The registered manager told us no accidents and incidents had been raised since the last inspection. We checked the accidents and incidents log book and various record which confirmed that no accidents and incidents had occurred since the last inspection.