

Ridgeview Health Care Limited

Ridgeview

Inspection report

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Date of inspection visit: 29 December 2014
Date of publication: 16/04/2015

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

This unannounced inspection of Ridgeview took place on 29 December 2014. This care home provides support to four people with learning disabilities. At the time of our inspection three people were using the service.

At our last inspection on 20 December 2013 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. While no DoLS applications have been submitted, appropriate policies and procedures were in place. People were not restricted from leaving the home and

Summary of findings

people identified as being at risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. These risk assessments were signed by people to confirm that they agreed to be supported by staff when they went out.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home.

We saw positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and care workers provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were also reflected. People were consulted and activities reflected people's individual interests, likes and dislikes were accommodated. People were supported to follow their interests, take part in them and maintain links with the wider community.

We found the home had a clear management structure in place with a team of care workers and the registered manager. Care workers spoke positively about the registered manager and the culture within the home.

The home had a system in place to monitor and improve the quality of the service. However, there was no documented evidence that the home had carried out regular audits.

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?

This service was safe. People who used the service told us that they felt safe in the home. There were clear safeguarding and whistleblowing policies and procedures in place to help protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. When speaking with the registered manager, he showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

This service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were consulted and activities reflected people's individual interests, likes and dislikes.

There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Staff were supported by the registered manager and felt able to have open and transparent discussions with them through meetings and staff meetings.

The home had a clear management structure in place with a team of care staff and the registered manager.

Systems were in place to monitor and improve the quality of the service. However, we noted that some audits were not documented.

Good



Ridgeview

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 provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 29 December 2014 of Ridgeview. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return

(PIR). The PIR 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. The PIR also provides data about the organisation and service.

People who used the service had learning disabilities but were able to communicate with us verbally. During this inspection we observed how the staff interacted with people who used the service and how people were being supported during the day.

As part of our inspection, we spoke with two people who used the service, two relatives and one healthcare professional who had regular contact with the home. We also spoke with four members of staff including the registered manager. We reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home. One person said, “I feel safe here.” One relative told us, “I am confident that [my relative] is safe in the home.” The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies. The registered manager informed us that the majority of staff had undertaken training in how to safeguard adults and we saw training records which confirmed this. We noted that one newly appointed member of staff had yet to complete their safeguarding training and one member of staff required a refresher safeguarding training session. Care workers we spoke with were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the CQC.

There were appropriate arrangements in place for managing people’s finances which were monitored by the registered manager and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions. During the inspection, we observed a care worker taking people out and recording financial transactions in the person’s individual finances book.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks to help ensure people were protected. Each risk assessment had an identified hazard, precautions that were in place and control measures to manage the risk. We saw that risk assessments had been carried out to cover going out, and behaviour that challenged the service. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff and people, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. He told us staffing levels were assessed depending on people's needs and occupancy levels. The

rotas confirmed which staff were on duty at the time of our inspection. Staff we spoke with told us that they felt that there were enough staff. One member of staff said, “There are enough staff. We manage fine.”

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

During our inspection, we saw that medicines were managed safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. Regular temperature checks had also been maintained.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that this policy was reviewed annually, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for the period of 1 December 2014 until 28 December 2014 for three people who used the service. On the whole, these were completed and were up to date. However, we noted that for one person, there were two gaps in their MARs on 25 and 26 December 2014 and we raised this with the registered manager. He explained that the person had refused the medicines on both occasions, but this had not been recorded on the MARs. The registered manager told us that this was an error and he would ensure staff completed the MARs fully.

The registered manager told us that medicine audits had been carried to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. However, at the time of the inspection we saw no documented evidence to confirm this. The registered manager told us that these audits had not been

Is the service safe?

documented but said that he would ensure that they were going forward. Following our inspection, the registered manager sent us evidence to confirm that weekly medicine audits were documented.

We saw evidence that the home had a system to monitor incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these and so that staff could all learn from these.

There were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Fire drills and testing of the fire alarm was completed on a weekly and monthly basis.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us, "I enjoy working here. There are no problems."

We spoke with one healthcare professional who had regular contact with the home. The healthcare professional told us that they had no concerns about the home. They told us that they were happy with the home and that the service was good and people were well looked after.

We spoke with four members of staff including the registered manager and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff told us they received regular supervision and the registered manager confirmed staff received supervision every four to six weeks. We looked at a sample of staff records and we saw that staff received supervision on a regular basis and had received an annual appraisal in order to review their personal development and progress.

We spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that the majority of care workers had completed training in areas that helped them when supporting people and these included infection control, food hygiene, health and safety, medication, safeguarding, and the Mental Capacity Act 2005. The training was provided by an external organisation. We noted that two care workers had not yet received all the necessary training and spoke with the registered manager about this. He explained that they had not yet completed all the training as they had recently started working at the home. The registered manager confirmed that these members of staff had been booked to attend the relevant training. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year. Care workers told us they were happy with the training that they had received.

We also saw evidence that staff received an induction when they started working at the service. All staff we spoke with said that the induction had been beneficial. One member of staff said, "The induction was helpful. It taught me a lot."

We saw care plans contained information about people's mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this. When speaking with the registered manager, he showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that the majority of care workers had received MCA training. Staff we spoke with had knowledge of the MCA, but this was limited. Staff were aware that they should inform the registered manager of any concerns regarding MCA. We spoke with the registered manager about this and he explained that as well as training, staff discussed the MCA during meetings with the registered manager. He told us that he would ensure that care staff received refresher training in respect of this.

The CQC monitors the operation of the DoLS which applies to care homes. While no applications have been submitted, appropriate policies and procedures were in place. People were not restricted from leaving the home and were encouraged to meet their relatives. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. Two out of the three people who used the service required support when leaving the home. We noted that these two people had signed the risk assessment to confirm that they agreed to being supported when leaving the home. The registered manager told us he was able to contact the local authority if he needed further advice about DoLS authorisations.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with care professionals.

People were supported to get involved in decisions about what they wanted to eat and drink. The registered manager told us that they did not have a set weekly menu and people choose what they wanted to eat and this was accommodated for. The registered manager explained that people enjoyed going out for lunch but they would have breakfast and dinner prepared in the home. People were supported to get involved in decisions about their nutrition and hydration needs and their choices were adhered to. Although people's nutritional state was monitored by staff checking people's weight at monthly interval, we found

Is the service effective?

that staff did not always record people's food intake to monitor that they were eating a balanced diet that

promoted healthy eating. We spoke with the registered manager about this. He confirmed that going forward they would keep a record of people's food intake so that they were able to monitor people's nutrition.

Is the service caring?

Our findings

When prompted to tell us about the home and how they felt about living there, one person told us, "Its ok. I am happy here." Another person said, "I like it here. Staff are good." One relative said, "I have always found the home to be good. Staff are efficient, amenable and fine." Another relative told us, "My relative is happy here. I have no complaints."

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time.

We saw people being treated with respect and dignity. We observed care workers provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence and we observed staff following these

during the inspection. People were supported to express their views and be actively involved in making decisions about their care, treatment and support where they were able to do so. Care plans were individualised and reflected people's wishes.

Care workers were patient when supporting people and communicated well with people and explained what they were doing and why. They were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Care workers we spoke with explained to us that they ensured that people were offered choice in everyday matters such as deciding what to wear, eat or what to do for the day. One care worker told us, "I always talk to people and give them choices. It is important."

When speaking with care workers about people's respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also 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 member of staff said, "I always make sure doors are shut when attending to personal care."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans for three people which contained information about their life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health. There was evidence that people were involved in completing their care support plan and these were person centred. We saw that care plan's had been signed by people to show that they had agreed to the care they received. Care support plans included details of people's preferences and routines.

Care plans addressed people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. When we spoke with the registered manager and care staff, they were aware of people's individual needs.

We noted that there was not a scheduled activities timetable. Instead, the registered manager explained that

there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. One person who used the service told us, "There is a choice of activities" and "staff take me out."

Relatives told us that if they had any concerns or queries, they would speak with the registered manager. One relative said, "I am able to raise concerns if I needed to. The manager is approachable." We saw that the complaints procedure was available in each person's bedroom. One healthcare professional we spoke with said, "The manager always listens to recommendations and puts suggestions into practice."

The home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking with staff, they showed awareness of the policies and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

Is the service well-led?

Our findings

Staff told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, “Staff meetings are helpful.” Staff understood their responsibility and right to share any concerns about the care at the home with the registered manager.

There was a clear management structure in place with a team of care workers and the registered manager. Care workers spoke positively about the registered manager and the culture within the home. One care worker told us, “The manager is supportive. He is always available and I can ask him questions.” Another member of staff said, “The manager is approachable.” From our discussions with the registered manager it was clear that they were familiar with the people who used the service and staff.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff were confident about raising concerns about any poor practices witnessed. They told us they were happy working at the service and generally felt supported.

The home did not hold a formal resident’s and relatives meeting but the registered manager told us that he

encouraged people and relatives to communicate with him at any time about any concerns they may have. One relative confirmed that if they had any issues they felt comfortable raising them with the registered manager.

The provider sought feedback from people who used the service and healthcare professionals through questionnaires which we saw were in people’s care files. The feedback from the questionnaires was positive.

Monthly staff meetings were held and minutes of these meetings showed all aspects of care were being discussed and that the staff had the opportunity to share good practice and any concerns they had.

We saw that the home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. However, we saw no documented evidence that checks were being carried out by the provider in respect of further action that needed to be taken to make improvements to the service. The registered manager told us that he carried out checks in respect of all aspects of the home and care being provided such as premises, health and safety and medication. However there was no documentation to confirm this. The registered manager said that he would ensure that these checks were documented. Following the inspection, the registered manager sent us evidence to confirm that weekly audits were carried out in respect of medicines, care plans and health and safety.