

Ridgeview Healthcare Limited

Ridgeview

Inspection report

54 Clarence Road
Enfield
Middlesex
EN3 4BW

Tel: 02088043718

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28 February 2020

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29 April 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ridgeview is a residential care home providing personal care and support for up to four adults with learning disabilities. At the time of our inspection, three people were using the service.

The home is a terraced house in a residential area of Enfield, North London. Each person had their own well-kept bedroom. There was a large rear garden that people were able to freely access.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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. The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People appeared happy and relaxed living at Ridgeview. Staff understood how to support people as individuals and gave them choice in their day-to-day lives. People were kept safe through clear risk planning and staff understanding each person's behaviours and care needs. There were systems in place to safely manage people's medicines. Staff were recruited safely, and appropriate checks were in place to ensure staff suitability.

Staff were supported in their role through regular supervision, appraisal and training. People were supported with their communication needs and staff understood how to communicate with people as individuals. Information was provided to people in easy to understand formats. People were consulted around what they wanted to eat and drink.

There was good management oversight for the home. People's outcome and the quality of care was monitored through regular audits and surveys. Staff told us they felt supported in their role.

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

Rating at last inspection

The last rating for this service was good (published 26 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ridgeview

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Ridgeview 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three staff including the registered manager, manager and a care worker. We spoke with three people living at the home and also used observations to help us understand the experience of people who had limited verbal communication. We looked at two care records and risk assessments, three people's medicine records, two staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two care staff and two relatives of people living at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- During our observations, people appeared comfortable with staff, often laughing and talking with them. Relatives told us they felt people were safe living at the home. A relative said, "Oh yes, I have no reason to think he's anything other than safe there."
- Staff had received training in safeguarding which was refreshed regularly.
- Staff understood their responsibilities around safeguarding and knew how to appropriately report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had detailed risk assessments that looked at each person's individual risks. Risk assessments gave staff clear guidance on how to minimise known risks.
- Staff knew people well and were able to explain what certain behaviours meant and how to support people when they became anxious.
- However, there were no risk assessments around any behaviour that may challenge. We raised this with the manager and registered manager. Following the inspection, we were sent risk assessments around each person's specific behavioural risks and needs. These provided staff with clear guidance.
- There were certificates in place to show that equipment and facilities were monitored. This included regular, gas, fire safety and electrical checks. However, there had been no checks on the water quality within the home. Following the inspection, we were sent confirmation these checks had now been carried out.
- Accidents and incidents were well documented with any investigations and outcomes. We saw that accidents and incidents were discussed at staff meetings to help prevent any recurrence.

Staffing and recruitment

- There were enough staff to ensure people's needs were met.
- There was a registered manager who had oversight of the home as well as a manager who dealt with the day-to-day running.
- The registered manager told us staffing could be increased if necessary. For example, if people had appointments or wanted to do a specific activity.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- Medicine administration records showed people received their medicines safely and on time.
- Staff had been trained in medicines administration. Records showed staff had regular competency assessments to ensure they were safe to administer medicines.
- Where people had been prescribed 'as needed medicines' there was clear guidance in place for staff to explain, in what circumstances these medicines should be given. 'As needed' medicines are medicines that can be given for things like pain relief and to help anxiety.
- People had regular medicines reviews. We saw one person's anxiety medicine had been reduced following a review.
- There were regular medicines audits completed by the managers of the home. There had also been an external pharmacy audit in February 2019 that showed no concerns around medicine management.

Preventing and controlling infection

- The home was clean and smelled fresh. People were supported to clean and tidy their bedrooms regularly. One person happily showed us their room and said, "Yeah, staff do [help]."
- Staff had access to gloves and aprons when carrying out personal care.
- The kitchen had been inspected by Environmental Health in February 2020 and received a five star rating. This is the highest rating that can be given and means cleanliness and food storage was meeting approved standards.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- All people living at the home had been there for quite a number of years.
- The home understood its responsibilities in planning care according to current guidance and legislation. This included the Mental Capacity Act, NICE guidance and the Health and Social Care Act. We saw this was reflected in people's care records.
- People's needs were re-assessed yearly or if any changes occurred. We saw care plans were updated where there were any changes in need.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the home. This included getting to know people and shadowing a more experienced member of staff before being allowed to work alone. A staff member told us, "My first week was just shadowing, watching activities and routines, reading paperwork and information. Then second week where I was observed. It was also for the residents to get used to me as well."
- Staff were supported in their role through regular supervision and annual appraisal.
- Records showed and staff confirmed they received regular training. This included topics such as safeguarding, health and safety, behaviour that challenges and medicines administration.
- The manager ensured training was understood by the staff following training sessions. For example, we saw after fire training, staff completed questionnaires to check their knowledge.

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

- People were given choice around what they wanted to eat and drink. Staff knew each person's likes and dislikes around food. One person told us, "I like a roast beef and pasta with sauce."
- Throughout the inspection, we observed staff asking people what they would like to eat and ensuring their choices were respected. The registered manager told us, "They [people] don't have a set menu and meals are decided on the day. People change their minds so it's easy to do it daily. We can do daily shopping, people will go shopping as well."
- Where people may not be able to express their choices, staff told us they used pictures to support people in choosing what they wanted to eat. A staff member said, "We give them pictures and give choices so when I show them, they will tell us."
- People liked to go out and have lunch at the local pub. During the inspection we observed people being supported to go out, chattering with staff about what they wanted to order that day.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend routine healthcare appointments such as GP, opticians and dentists.
- Staff attended appointments with people if they required support. One person told us, "Yes, they [staff] do. I go to blood test"
- Each person had a 'healthcare passport'. These gave person-centred and detailed information on people's healthcare needs. These were used if a person needed to go to the hospital to ensure healthcare professionals understood people's needs.
- The home ensured people's oral healthcare needs were met. Care plans included an assessment of how staff should support people with their oral health. People saw dentists for routine check-ups.

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

- People living at the home were mobile and had no specific needs around building adaptation.
- People had decorated their rooms with things that meant something to them such as, photos, drawing and ornaments.
- There was a large garden which people had access to.

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 Act 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 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 on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people living at the home had capacity and were able to make decisions and choices.
- Staff had received training around the MCA and understood how this impacted on the people they worked with. A staff member said, "You do not presume someone has no mental capacity and giving people options and choices to make their own decisions."
- Staff understood about asking for consent before providing care. One staff member said, "You have to ask their permission before doing things. You have to give them choices, what they want to wear, if they want a shower or bath."
- Were people needed help to express themselves, we saw that relatives were involved in reviews of care. One person had an advocate that attended reviews.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they tried to promote a homely atmosphere and understood this was people's home. Staff told us, "I find it lovely here because it is a small home and very family oriented" and "It's their home, we want it to feel homely and they have the freedom to do anything."
- We observed staff interacting with people in a gentle and supportive manner throughout the inspection. Staff knew people well and understood each person's individual needs and ways of communicating.
- People appeared comfortable when interacting with staff, initiating conversations about their day and what they wanted to do. People laughed and chatted with staff.
- One person, whose speech was difficult to understand, was talking to a member of staff. The member of staff went and sat with the person and encouraged them to talk slowly so they were able to properly express themselves.
- At the time of the inspection there were no people that required support with faith or cultural needs.

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

- People were involved in creating their care plans and had copies of their care plans.
- People were involved in day-to-day decisions about their care. This included what they wanted to eat, wear and what activities they wanted to do.
- As this was a small home staff were able to consistently gain people's choices around their care.
- Staff understood people's individual routines and how to support them. For example, one person liked to watch a specific TV channel during breakfast and another TV channel in the afternoons. We observed a staff member asking if the person wanted this TV channel and allowing them to choose.

Respecting and promoting people's privacy, dignity and independence

- People's activity timetables included activities of daily living such as laundry and cleaning. Staff actively supported people to take part in these activities to encourage and promote independence.
- Staff spoke to people in a dignified manner. We observed a person that required support with personal care. The staff member respected their dignity and went to a more private area to discuss supporting them with their personal care.
- Staff understood how to treat people with respect. One staff member said, "For instance not revealing their confidential information in the presence of others. Giving them time to make their decisions and making sure you protect their information."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care plans were detailed, and person centred. There was information on people's histories, healthcare needs and any emotional support they required.
- There was a 'summary of care needs and preferences' in each person's care file that provided staff with an overview of each person. This allowed staff to gain an understanding of people which was then backed up by the detailed care plan.
- Care plans documented each person's routine and how they liked things done. For example, one person's care file said about their laundry '[Person] likes to fold it perfectly and everything has its place.'
- Care plans were reviewed every three months or when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood the importance of ensuring people were able to communicate effectively to promote the quality of care.
- Each person's care plan contained a section in their care plan on how people communicated and how staff should work with them effectively.
- The home had also created a care plan that was accessible to people. Each person had a small booklet explaining their individual care in pictures, large font and easy to understand language.
- Other information, such as how to make a complaint and menus had been created using large font, easy to understand language and pictures.

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

- The home had created a weekly activity timetable for each person. As well as the individual timetables, there were also activities that people could take part in as a group such as gardening and outings.
- Activities available were clearly displayed in the living room in both written and picture format.
- During the inspection we observed two people popping out for a pub lunch. A member of staff told us this was something people did regularly, and really enjoyed.
- There was a large building at the bottom of the garden. The registered manager told us this was in the process of being converted into an activities area. This would create a space for people to do various

activities such as baking and art work.

- The manager told us people went on holiday each year and were fully involved in choosing where they wanted to go.
- People were supported, where appropriate, to maintain relationships with relatives. Relatives told us they were able to visit whenever they wished and were made welcome by staff. Another relative said staff helped the person make telephone calls to them.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. However, there had been no complaints documented since the last inspection.
- People had been provided with an easy to understand guide on how to make a complaint.
- Relatives confirmed they had been given information on how to complain when people moved into the home. Relatives told us they did not have any complaints but would call the manager if there were any concerns and were confident any issues would be dealt with.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were empowered to have normal and fulfilling lives. This was supported through an open culture where people were at the heart of the care being provided.
- People knew who the registered manager and managers were. We asked one person if he knew them, the person smiled and held their hand over their heart and said, "Not bad."
- We observed the registered manager and manager knew people well and spent time chatting with them. One person laughed and smiled as they did some exercising with the registered manager.
- Staff told us they felt supported by the management team and were able to ask advice at any time. One staff member said, "I'm supported, whatever we need here they always provide. We have regular training. If I need any training that I think would help with my job, they will provide it. And if they think I need something they will give it."

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; Continuous learning and improving care

- The registered manager and manager understood their responsibilities around being open and honest if things were to go wrong. However, since the last inspection there had been no concerns.
- Where there were incidents around behaviour that challenges, these were discussed in staff meetings as well as daily staff handovers.
- The registered manager told us that learning was continuous and they were aware of any latest guidance and best practice around supporting people with a learning difficulty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place which staff understood.
- There were a range of audits completed to provide oversight of the quality of care. These included health and safety, medicines and food hygiene. Where any issues were found these were addressed immediately.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Where people had limited verbal communication, staff used various techniques such as pictorial aids, to

engage people and involve them in their day-to-day care.

- Surveys were completed every six months with relatives, people, staff and healthcare professionals. This enabled the home to gain feedback and identify any areas for improvement. Results of the most recent survey were positive.
- There were quarterly staff meetings. Staff told us they felt they had a voice and were listened to by the registered manager.

Working in partnership with others

- We saw that the service worked in partnership with external agencies such as learning disabilities teams and physical health professionals to maintain the health and wellbeing of people.