

Peninsula Autism Services & Support Limited

Ridgecott

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Ridgecote is a residential care home providing personal and nursing care to 10 adults with a learning disability or autism at the time of the inspection. The service can support up to 10 people.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. 10 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service took measures to safeguard people from abuse through staff training, good communication and a robust recruitment process. Families told us their loved one was safe living in Ridgecote.

People appeared relaxed and happy when we spent time in communal areas and staff were jovial and caring. There were lots of activities inside the service for people to do and opportunities to go out with staff to shops, cafes and places of local interest.

Risks that people faced were assessed and guidance given by health and social care professionals was followed. People had their needs met by staff who had completed mandatory training and knew their needs well. Care plans were person centred and people were having their preferences met.

Medicines were managed safely, and people had access to health services. Staff supported people to attend appointments and advocated on their behalf where needed.

The environment was regularly checked for maintenance issues and cleanliness. We made a recommendation the service review how their laundry is set up in line with best practice guidance.

Staff told us they felt supported and there were enough of them to meet the needs of people. There were robust quality assurance processes in the service. The registered manager had a good overview of people's

needs, what the strengths of the service were and had ideas on how to enhance the experience of people living in the service. Regulatory requirements were being met.

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 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.

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 18 August 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.

Ridgecott

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

The inspection team consisted of one inspector.

Service and service type

Ridgecott residential care home 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with six people who used the service and spent some time in the communal lounge observing how staff interacted with people. We spoke with four members of staff including the registered manager, assistant manager, and two support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly visit the service and had feedback from three further staff. We also contacted five relatives and spoke with five.

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

- People were safeguarded from abuse by staff that had completed training in safeguarding adults and knew how to report concerns.
- One professional said, "I have not seen anything that has caused me worry about welfare or safety either in terms of care or environment."
- Concerns were escalated to the correct authority and there was a clear process in place for incidents, accidents and reporting suspected abuse.

Assessing risk, safety monitoring and management

- Risks relating to health and social care needs that people faced were assessed by the service. There was clear instruction for staff on how to mitigate risks and how to support people around their needs, for example with epilepsy, and if they became distressed or their behaviour was heightened.
- The environment was well maintained and checked for building safety. Checks were completed for gas safety, fire equipment and maintenance.
- There were systems in place to monitor incidents, so the service could identify areas of risk and support people according to their needs.

Staffing and recruitment

- There were enough staff to meet the needs of people. Extra staff were brought into the service where needed, for example if a person became unwell staff would come in and sit with them.
- Relatives said, "Most times when you go down there, there are plenty of staff" and "There are enough staff to meet her care needs."
- There were robust recruitment procedures in place that were followed. This included application, interview, DBS (police checks), induction and shadowing stages. This ensured the service took steps to check if potential staff were suitable to work with people who might be vulnerable in the service.

Using medicines safely

- Medicines were stored, taken delivery of, disposed of and administered safely.
- Staff were trained in the administration of medicines and were thorough in checking stocks daily and double checking the medicine administration records were complete.
- The service supported people to have regular reviews of their medicines, including where medicines were 'as required' or PRN. This helped people by ensuring they were on the right medicine at the right time for them and that medicine was not being used to control their behaviour unnecessarily. This was in keeping with the principles of STOMP, a national programme to raise awareness about the over use of medicines for

people with learning disabilities and autism.

Preventing and controlling infection

- Staff had training in food hygiene and infection control and the service had the highest level of award for food hygiene from the relevant awarding body.
- The service was clean, tidy and there were gloves, hand sanitiser and handwashing reminders in bathrooms.
- We found the laundry was not clearly separating clean from dirty linens and there was no soap for staff to wash their hands after handling dirty linens. A container with clean clothes in was placed on top a container with dirty clothes in.

We recommend the service refer to best practise guidance on managing infection control in laundry facilities.

Learning lessons when things go wrong

- The registered manager was reflective and open during the inspection. They talked about how they were developing their practise by learning from where things could be improved.
- Accidents, incidents, and times when people's behaviours became more heightened were reviewed and analysed. The service then thought about what triggers were and how they could reduce people to avoid these situations safely and without restricting any freedom.

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

- People's needs were holistically assessed, considering their medical, psychological and social needs.
- The registered manager referred to best practise guidance and professional bodies to ensure care delivery was up to date with research and current practises.
- Staff worked with other agencies to ensure care was consistent and focused on the needs of people. Transitions were carefully planned to minimise distress.

Staff support: induction, training, skills and experience

- Staff completed mandatory training in areas such as safeguarding, health and safety, learning disability and autism. More specialist training was completed to ensure the needs of people were met by staff who were knowledgeable. Where newer staff had not completed training that might help them with a specific need, they did not complete these aspects of care until they had completed the training.
- Newer staff were supported through an induction and probation period and spent time shadowing more experienced staff until they felt confident to work with people alone.
- Staff were supported through regular one to one supervision and team meetings.

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

- Food was prepared in a well organised kitchen and was labelled and stored safely.
- Where people required equipment to support their independent eating this was provided. For example, with plate guards. Relatives confirmed they saw staff supporting their family member around meal times where it was needed.
- There was a menu that was created around people's preferred meals but if someone wanted something else they could request it. We saw one person did not want the lunch on offer on the day of our visit, so staff made them a different meal instead.
- One relative said, "They have a very good chef there...always looks well and healthy."

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

- The service had some adaptations to make it easier for people to navigate around the service for example hand rails.
- There was one communal room on the ground floor which needed some re-decoration and thought put into its purpose. The registered manager said it was planned as a sensory room, but no equipment was in place yet and they were asking staff, people and relatives for ideas.

- People had chosen where possible how they wanted their room decorated, for example one person had chosen ink for their walls and helped to decorate.
- There was some outside space for people to use, we noted that the decking area needed some attention to make it useable for people in the summer months. The registered manager assured us this was in progress and it would be refreshed before the summer.

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

- Staff advocated for people to have access to healthcare services. During the inspection visit we observed the assistant manager persevering for one person to have a home visit from a medical practitioner as staff had identified they weren't themselves and couldn't get out to a clinic.
- People went to the dentist, saw the chiropodist and had regular GP reviews to maintain good health.
- People were supported to make healthy choices and go for walks to keep active.

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.

- Where required applications were made to the delegated authority and followed up.
- Staff understood consent and checked with people before completing care tasks.
- Records were kept up to date with mental capacity assessments, best interest decision making, and peoples wishes.

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

- Family members told us the service was caring. They said, "They are there for us when we need support", "We are happy. The staff are pleasant", "They are brilliant", and, "They think of him like we do, as family."
- The interactions we observed were friendly and gentle. People were relaxed and laughing or smiling and staff were engaging people in conversations and fun activities.
- People's equality needs were assessed. Staff advocated for people out in the community and when accessing health services, ensuring that disability was not a barrier to a service.
- One professional said they had "Witnessed an outstanding interaction between support worker and my client who was feeling anxious. Support worker had an excellent approach, gently rubbed her stomach which had an instantly calming result and evidenced the worker knew the client well."

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

- People were supported to make decisions about their care around what clothes they wore, where they went, what they ate, and where possible which staff supported them.
- Families told us they were asked their opinions too as well as people. One relative said, "We are there with all the paperwork and the care planning."

Respecting and promoting people's privacy, dignity and independence

- The service understood that each person had unique needs and preferences and sometimes people wanted to be left alone or have some private time.
- Professionals told us staff treated people with dignity and respect, the interactions we saw and the language in records was respectful. Relatives told us people were always dressed appropriately.
- We saw several examples where people had been supported to maintain or improve their level of independence or daily living skills. One professional told us they had seen real progress with one person who used to spend all their time in their bedroom and staff had supported them to now go out daily. This had changed the persons life.

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 were supported by staff that knew them and their preferences well. Staff anticipated people's needs and reached for objects of comfort or knew when a person was going to ask for a drink before they did.
- Care planning documents were detailed and contained people's life histories and likes and dislikes and preferences, so staff knew how to best meet each person's needs and provide care that was person centred.
- One professional said, "All there provide a person centered service."

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.

- People's communication needs were assessed and there was instruction for staff on how to best communicate with each person.
- One staff member said, "Its hard to understand some people sometimes so we need to listen really well... we use a bit of Makaton, or picture cards, or their i-pads or just take our time explaining things."
- Information was available in a range of accessible formats for people to use.

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 contact with their families through an open visitors' policy, phone calls or staff supporting people to get to and from seeing their family. For example, one person had been supported to go and visit a relative in a care home.
- People were supported to go out daily if that is what they wanted to do. We received some feedback to suggest sometimes there was a little wait for the service vehicle or for staff. On the day of our visit people were supported to go out to a number of different shops, cafes, or for a walk.
- Inside the service there were a range of activities people liked to do and there was access to these. For example, we observed people were offered electronic tablets and puzzles, and art activities, musical instruments and films. We also saw that staff were attentive and spent time chatting with people.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- There was an easy read version for people to refer to.

- Relatives told us they would feel comfortable complaining if they needed to and felt listened to. One relative said, "If I have a concern I will go and talk to them about it."

End of life care and support

- There were no people nearing the end of their life in the service at the time we visited.
- Some people had this area of need assessed, others chose not to discuss it, or it was not appropriate as they were a healthy younger adult.

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

- The service had a philosophy of putting people first and endeavoured to empower people to take control of their day.
- We saw how staff had supported people to achieve positive outcomes, and heard evidence from relatives, staff and through care records.
- Staff told us they felt supported and both staff and relatives told us of the open-door culture.

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 service acted on the duty of candour where needed.
- Relatives told us they were contacted for any changes in needs or if people became unwell or there had been an incident. One relative said, "They are very good at updating me."

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

- There was a clear understanding of the regulatory requirements, this included when to make a notification to the commission.
- Systems were in place to ensure risks were being effectively managed and mitigated. There was a robust quality assurance system in place and records were regularly audited and thoroughly checked by the registered manager.
- Staff were clear about their roles and what was expected of them and there was a clear hierarchy of delegation in the service.

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

- The service worked with key professionals to meet the needs of people, promote their wellbeing and ensure any equality characteristics were considered.
- People were consulted on decisions made in the service around what food was served, what activities they did each day and which staff members they preferred to support them.

Continuous learning and improving care

- The registered manager was dedicated to broadening their knowledge. They had signed up to local networks for other managers and conferences and forums on best practise in learning disability care and support.
- Staff members led team meetings and wrote up the minutes. The registered manger then acted on these notes to improve care for people. For example, if staff had noted more equipment was needed it was bought and put into place quickly.
- Staff were encouraged to further their training and some staff used the role as a platform to move onto careers in health and social care.