

# Voyage 1 Limited Ridgeway

## 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: Ridgeway Care Home is a large semi-detached property providing accommodation on three floors. It is located in a residential area opposite a large park and within walking distance of shops and accessible public transport links. Care and support is provided to adults with learning disabilities. Some people with limited verbal communication abilities and behaviours which challenge. The home accommodates up to six people. At the time of our inspection, six people were using the service.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having choice and control over their lives. The service promoted people's independence and was inclusive. Everyone we spoke with was positive in their feedback. Comments included; "I am happy here. I feel safe" and "Yes, I do like the staff here."

People continued to be safe at Ridgeway. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. People felt a part of their local community and were supported to use local resources such as library, community park and pubs.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Report published 21 October 2016).

Why we inspected: This was a planned comprehensive inspection.

At this inspection, we found that the overall rating remained the same.

## 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.

# Ridgeway

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services. Our expert by experience focused on observation of people because of behaviours that might challenge our inspection.

#### Service and service type:

Ridgeway is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 had a registered manager. 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 and associated Regulations about how the service is run.

#### Notice of inspection:

This was a comprehensive inspection, which took place on 26 February 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in 13 and 30 September 2016. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people using the service, five support workers and the registered manager. We also spoke with the operations manager. We requested feedback from a range of healthcare professionals involved in the service. We did not receive any feedback.

We reviewed a range of records based on the history of the service. This included two people's care records and medicines records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff continued to have access to the updated local authority safeguarding policy, protocol and procedure.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something bad, I will report to the manager. If the manager is not around or nothing is done, I can speak to the senior managers of the organisation and I can go to the Care Quality Commission."

Staffing and recruitment

- staff were recruited safely, and checks were completed. People living in the service were involved in recruitment.
- There continued to be sufficient number of staffs to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community. A member of staff said, "We always have enough staff to support people." One person also said, "There is always plenty of staff on duty."

Using medicines safely

- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Staff competency was checked to make sure they continued to practice safe medicines administration.
- Medicines were stored safely.
- There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to;

going out in the community, nutrition and hydration, health, sexuality, activities and holidays.

- Support continued to be delivered as planned in people's support plans. Behavioural support plans were thorough and detailed and contained the information staff needed to support people safely. This had been effective in reducing occurrences of behaviours that challenges the service.
- People continued to be protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out. There were regular fire drills. One person confirmed this and said, "If the fire alarm goes off we go outside and stand by the bins."

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- We observed that the environment was clean and odour free during our inspection.
- The registered provider carried out infection control audits. Where any concerns were identified, these had been acted on.

#### Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. For example, action had been taken to reduce the risk of incidents happening again at night with the provision of two waking night staff in meeting people's needs at night. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

# 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.

Good: ☐ 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

- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular review of their support.

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

- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People were fully involved in decisions about the menu. A menu was in place so that people knew what meals to expect. We observed general banter throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in the preparation of meals. A member of staff said, "People living here help out with preparing the meals."

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case.
- Staff commented that the training they received was useful. A member of staff said, "I have completed all the mandatory training required of me. They have proved useful."
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

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

- People had hospital passports in place. These are documents people can take with them when they go to hospital to provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare professionals previously.



- People had communication passports. These included information on what the person's signs and gestures meant and what they could understand. These documents could be used by healthcare staff to aid communication.
- Staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists.

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

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

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

- People continued to be supported to maintain good health. A member of staff said, "The chiropodist comes in regularly and cuts the people's toe nails and finger nails. People can see a doctor whenever required".
- People's individual health plans set out for staff how their specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- The registered manager continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. and found that they were. The registered manager had good systems in place to monitor and track DoLS applications.
- DoLS applications were made appropriately and relevant health and social care professionals were involved.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The registered manager and staff respected people's decisions.

# 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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their family and friends. This was brought up at the residents' meeting in the afternoon of the inspection. One person had said at a previous meeting that they wanted to see a relative and this had been arranged.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred. One person expressed that they wanted to go out in the afternoon. A member of staff said that they would take the person out after the 'residents' meeting in the afternoon. The person was happy with the explanation. The member of staff said, "We will catch the bus to Chatham as [name] loves to look around the shops."

Respecting and promoting people's privacy, dignity and independence

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. One person with limited verbal communication skills was being repetitive in their words, the member of staff was very patient with the person. They listened attentively to what the person had to say.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans were in easy read or pictorial formats and people were able to understand them. Information was provided to people in a way that complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- People had support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their care plans. People had regular reviews with their relatives and funding authority.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities joined in. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.
- There were planned activities, and these were advertised on the notice board. We observed a music and dance class in the service. People happily joined in. One person said, "I go to the cinema to watch animal films." People regularly used the community facilities such as the local parks and day centres. A member of staff said, "People do a variety of activities. The park opposite is great for going for a walk. We have the use of a car to take people out, or they go on the bus. People go on holiday once a year if they want. People go to the day centre once a week and they go to the local pub. Some people go horse riding and cycling."

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The complaints process was displayed in one of the communal areas in an easy to read format so all people were aware of how to complain if they needed to.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).
- The service had not received any complaint since we last inspected.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

# Is the service well-led?

## Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were effective systems in place to monitor the quality of the service.
- The registered manager, location manager and quality assurance team completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the locality manager.
- The provider had an electronic recording system where the audits could be reviewed at any time, to check they were effective.
- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is good to me. I can approach my manager freely. They are supportive."
- Communication within the service continued to be facilitated through monthly meetings. These included, staff meetings, team leader's meetings, relative's meetings and resident's meetings. We observed the residents meeting and saw that registered manager treated people as equals. They took time to listen to people and brought a lot of positive energy to the meeting. All the people responded enthusiastically, were fully included in the meeting and spoke freely.
- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives and feedback received in October 2018. All responses received showed that they were satisfied with the service provided. Everyone who lived in the service stated they were happy with the service. The questionnaire for people who used the service was in a user-friendly format, which made it easy for people to understand.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- There continued to be a management team at Ridgeway. This included the registered manager and the operations manager. Support was provided to the manager by the operations manager in order to support the service and the staff. The operations manager visited to support the manager with the inspection.
- Staff told us that the management team continued to encourage a culture of openness and transparency.
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.