

The Ridgeway

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Inspection report

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Date of inspection visit: 8 July 2014
Date of publication: 23/01/2015

Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. At our previous inspection in October 2013, the provider was found to be meeting the required standards.

The Ridgeway provides supported living services with personal care for up to four adults with learning

disabilities and complex needs, including physical disabilities, communication difficulties and visual impairments. The service is located in Romford in the London Borough of Havering. People and their relatives were complimentary about the service. One person told us, "Staff are kind to me. I like the chats". Another person said, "I like it here. The staff are nice."

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

Summary of findings

People told us they were happy because staff understood their support needs and provided them with the support they required. All three relatives we contacted were complimentary about the service. One of them commented that the support their relative received was “second to none”, and another said “the list of positives is endless.”

Staff knew people’s support needs and we observed positive interactions between people and staff. We saw staff being kind and thoughtful, involving people in conversations and treating them with dignity and respect.

Where required people, their relatives and advocates were involved in making decisions about their support. Healthcare professionals such as general practitioners (GPs), dentists, opticians, psychologists and psychiatrists were also involved in people’s care.

Staff had the skills, knowledge and experience to support people with learning disabilities and complex needs. They understood people’s communication needs and supported people to make choices about the food they wanted to eat and activities they wanted to participate in.

People told us that they were supported to be independent and our observations confirmed this. For example, we observed that people were supported to carry out household tasks and all four people using the services were supported to access the local community during our inspection.

Support plans were detailed and written in easy read formats with pictures to support people’s understanding. These addressed people’s individual needs and provided staff with guidance on how to support people appropriately in a safe and dignified way.

Systems were in place to protect people from potential harm or abuse. Staff had completed safeguarding vulnerable adults training. Staff discussed with people using the service at each monthly tenant’s meeting how to stay safe and reminded people of what to do if they did not feel safe. People told us they would speak to the registered manager or staff if they had any concerns.

People and their relatives knew the management team and told us they felt comfortable speaking with them. Staff told us their managers were approachable and treated them as part of the team.

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?

The service was safe. The provider had procedures in place to safeguard people who use the service. Staff knew how to recognise and respond to signs of abuse. People's rights were protected because staff understood their responsibilities in relation to people who lacked mental capacity.

People who used the service had support plans in place which included a health action plans and risk assessments so that appropriate support was planned to mitigate any identified risks.

There were safe recruitment process in place and staffing levels were sufficient and met people's needs.

Good



Is the service effective?

The service was effective. People's support plans included assessments of individual health and social care needs including their likes and dislikes and the things that were important to them. Staff knew how to meet people's needs and did this effectively.

Adequate training and support was in place for all staff to do their job effectively. Staff told us that supervision and team meetings were held on a regular basis and the records we looked at confirmed this.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

Good



Is the service caring?

The service was caring. People, their relatives and others involved in their care were complimentary about the support provided. They told us that staff were kind, caring and respected their privacy and dignity. We observed positive interactions between staff and people using the service.

People's privacy and dignity were maintained and this included knocking on their door and closing the door when providing personal care such as bathing.

People, their relatives and those that mattered to them were involved in their support planning. Where people required additional support to make decisions an advocate was acquired to provide that support.

Good



Is the service responsive?

The service was responsive. People and those acting on their behalf told us they were involved in making decisions about the care and support provided. People who used the service had complex needs and information was made available in formats that met people's needs. People told us they were given the opportunity to make decisions in their own time.

Outstanding



Summary of findings

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the registered manager or a member of staff know. People told us that their complaints were handled well and they were satisfied with the outcome.

People were actively involved in their local community. Everyone using the service was supported by the service to acquire a paid part-time employment. In addition, some people were supported to be involved in volunteering in their local community including campaigning on issues that mattered to people with learning disabilities. The provider also organised social events including cultural days or picnics for people, their relatives, friends and those that mattered to them to experience for example, other people's culture.

Is the service well-led?

The service was well-led. There was a registered manager in post who was supported by a deputy manager. Staff told us that the managers were approachable and that they could easily raise any concerns with them. Staff said they felt well supported in their role and that they did not have any concerns.

There were systems in place to monitor the quality of the service. This included monthly audits carried out by the deputy manager and quarterly audits completed by the regional director. Where issues were identified these were actioned to improve the quality of the service.

People were involved in developing the service including the recruitment of staff.

Both staff and the management team worked well together and had won many internal awards within the Care Management Group Limited for driving up standards in relation to the support that they provided people.

Outstanding



The Ridgeway

Detailed findings

Background to this inspection

This inspection was carried out by a single inspector on 8 July 2014. Before the inspection visit, we reviewed information we held about the service such as safeguarding adults concern. The provider completed a Provider Information Return (PIR) as requested by CQC. 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.

At our last inspection in October 2013, the provider was found to be meeting the required standards in areas such as consent to care and treatment, care and welfare of people who use services, management of medicines, staff support and supervision and how the quality of the service was monitored.

Some of the people who used the service had communication difficulties and were unable to answer questions about the care and support they received verbally. Therefore, we spent time observing care in the

communal living and dining area including how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI) to help us understand people's experiences during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people living at the service and received three completed questionnaires from relatives. We spoke with two staff, the deputy manager and the registered manager; we also sent questionnaires to other staff members and received three responses.

During our visit to the service, we looked at two support records including people's health action plans, four staff files and other records relating to the management of the service, such as staff duty rosters, policies and procedures, training records, staff and tenant meeting minutes and various audits.

After the inspection visit, we contacted two healthcare professionals to obtain their views about the service and they both told us they had no concerns.

Is the service safe?

Our findings

People told us they felt safe and we observed staff treating people with dignity and respect. We found that 'how to stay safe' was discussed at each monthly tenants' meetings to remind people of what to do and who to speak with if they did not feel safe. People were encouraged to raise their concerns at these meetings. Monthly key worker meetings were also available for people to discuss confidential matters. Information was made available in easy read formats with pictures showing people how to keep safe. People told us they would speak to the registered manager or staff if they had any concerns. This showed that people knew what to do if they felt unsafe or had any concerns. Relatives informed us that they felt people were safe.

Policies and procedures were available in relation to safeguarding adults and whistleblowing. Information was displayed in the staff office to ensure staff had easy access to information if they needed to raise any concerns of abuse. Staff were able to demonstrate they knew about their responsibility to safeguard people from abuse and were aware of the reporting and recording procedures. Where required, staff had followed appropriate local safeguarding protocols including notifying the CQC.

We found the requirements of the Mental Capacity Act code of practice were being met. The provider was aware of the Deprivation of Liberty Safeguards and the recent Supreme Court judgement and knew of actions to take to ensure that adequate assessments and support were in place for everyone using the service.

People who used the service had complex needs and required support to enable them make decisions that matter to them. Support records showed that people's capacity had been assessed in regards to making specific decisions about their daily lifestyles. For example, decisions about their nutrition, personal care, finances, medication, health appointments and bedtimes. People told us that staff listened to them and gave them enough time to make decisions about their daily lives. People's support records also included a communication passport so that staff could communicate with each individual and support them to make decisions that matters to them. For example, if people were non-verbal this included information about what body languages, signs and expressions people used meant.

People had signed their support plans to demonstrate that they were involved in their care planning. Where people did not have the capacity to make specific decisions for themselves we found that best interest meetings were held to ensure their needs were met. Training records showed that staff had completed training in safeguarding adults, preventing and managing challenging behaviour and the Mental Capacity Act (2005) to ensure staff had appropriate skills to support people.

Support plans included risk assessments covering areas such as epilepsy, choking, moving and handling, bathing, aggression, bedrails and access to the kitchen and community. Where potential risks were identified there were relevant action plans about how to mitigate these risks. For example, one person who had been assessed of being at risk of choking had a speech and language therapist involved in their care and support. Another person who was at risk of an epileptic seizure had an epileptic monitor in place. Support plans also included guidance on how staff should support people to use appropriate mobility aids when accessing the local community to minimise any risk of falls.

The provider had an emergency and contingency plan in place and staff we spoke with understood these procedures. Staff told us that they would contact the emergency services in the event of an emergency. The service had two first aid kits including a burns kit in the kitchen. Personal emergency evacuation plans (PEEP) were in place for each individual and weekly fire tests and monthly fire drills were carried out to ensure equipment was in place and safe, and people were aware of actions to take in the event of an emergency.

Staffing arrangements were sufficient to meet people's needs. The registered manager informed us that three care staff worked each morning and afternoon shifts and that two waking night staff worked during the night. The staff rotas confirmed this. We noted that there was an extra staff member on duty on the day of our inspection; the registered manager informed us that extra staff were booked when required to ensure that people's needs were met. People told us there were always enough staff on duty and that they did not have to wait for long when they needed staff support. Staff said there were adequate staffing levels in place to support people on each shift.

The provider had a recruitment and selection policy to ensure that staff checks were completed before they

Is the service safe?

started work. Staff records included documents such as copies of identification documents to demonstrate the staff had the right to work in the United Kingdom, two

references, and criminal record checks. This showed that the provider followed appropriate recruitment processes to ensure that people using the service were protected from staff unsuitable to work in social care.

Is the service effective?

Our findings

The registered manager informed us that all new staff took part in an induction when they started work. This included completing mandatory training, shadowing experienced colleagues and completing the Skills for Care Common induction standards workbook. The manager showed us workbooks that were being completed by two staff who had recently begun working at the service. Staff confirmed they had received an induction when they commenced work at the service. During their first six months of employment, new staff were put on probation to assess their performance and we saw probation review records that confirmed this. Where staff were found to be unsuitable for the job role they were employed to undertake, the provider took action to ensure the quality of care delivery was maintained.

Staff training records showed that most staff had completed training in areas such as introduction to learning disability, epilepsy, managing challenging behaviours, effective communication, moving and handling and mental health. We saw that the provider recorded the training courses staff had attended and alerted staff of refresher training courses when required. Staff were also supported to acquire professional qualifications in Health and Social Care. This showed that people were cared for by staff that had the appropriate skills and knowledge to meet their assessed needs.

Staff were supported through supervision meetings and annual appraisals. The manager informed us that staff supervision was planned for every six to eight weeks. Supervision records showed that most staff had received three supervisions in 2014 and that topics discussed included safeguarding adults, deprivation of liberty safeguards (DoLS), key working, medicines management and support in the role. Staff performance was also monitored through an annual appraisal to promote staff development and to ensure all staff received appropriate support. Staff told us they felt there was adequate support available for them to perform their role to the required standard.

People who used the service had complex needs including physical disabilities, communication difficulties and visual

impairments. We found that people were supported to eat and drink sufficient amounts to ensure their wellbeing. We observed staff offering people food and drink throughout the day. Each person using the service had a daily diary report which included food and fluid charts. We saw that these charts had been completed to ensure that people were eating and drinking adequate amounts to meet their needs. One person who was eating their evening meal told us that the food was “delicious” and we saw that this person was involved in the preparation of their own meal.

People were supported to choose healthy meal options. For example, we saw that one person who had been identified as having high cholesterol had an evening meal that included vegetables and was low in fat to help them manage this. Staff told us that a referral would be made to a dietician after further tests if required.

People told us that they were able to choose what food or drink they wanted. Staff said they supported people to plan their menu for the week. They told us that people took part in the grocery shopping so they could choose what food they would like to eat and we saw one person being supported to go to the shops to buy their weekly groceries. Some people who used the service had communication difficulties and we observed staff support one person to plan their weekly shopping using sound and photo cards to ensure they understood the choices they were making. Some people using the service had also undertaken food safety qualifications to enhance their independent living skills.

Weight management records we looked at showed people had been weighed monthly and we saw that they had maintained a steady weight.

People who could communicate verbally told us they would tell staff if they were feeling unwell. They said staff took them to the dentist and their GP when it was required. All four people using the service had a health action plan in place and we saw that healthcare professionals such as GPs, dentists, opticians, psychiatrists, psychologists, chiropodists, epilepsy consultants, neurologists and community learning disability teams were involved in people's care and treatment.

Is the service caring?

Our findings

We observed positive interactions between people and staff throughout the day. We saw that staff had good relationships with people and discussed various topics with them including shopping, food, music and football. We noted people knew the staff on duty by their names including the management team and staff also called people by their preferred names when speaking with them. One person told us, "Staff are kind to me. I like the chats". Another person said, "I like it here. The staff are nice." Relatives told us that they felt staff were caring and kind to people. One relative commented that people were given opportunities to "live life to the fullest".

We observed that people were happy throughout the time of our visit, and some people told jokes to make other people and staff laugh. People told us that staff listened to them and that they felt valued. We found that staff understood people's needs in respect of their disabilities, gender, race, religion and sexual orientation and supported them where required. When we asked people if they had a favourite staff member most of them mentioned several staff names and one person told us, "I like them all." This showed that people had a good relationship with staff that supported them.

People's support plans were person centred and included things they liked and disliked and what made them happy or sad. Staff were able to tell us about people's interests, for example they told us that one person with complex needs liked football, karaoke, night club and bowling. On the day of our visit, we noted that the person was listening to music during the day and staff were aware of which football team they were supporting to win during the world cup tournament. We found that staff supported the person to

attend a 'disco' late at night. Relatives informed us that people were supported to take part in activities of their choice. One relative commented that people were "encouraged and supported to access a wide variety of activities and educational opportunities." This showed that people were supported with stimulating activities that met their needs.

Staff told us the action they would take to maintain an individual's privacy and dignity. This included knocking on their door and closing the door when providing personal care such as bathing. People told us their privacy and dignity was respected. One person said, "Staff always knock on my door." Another person told us they would prefer to speak with us in their bedroom because they preferred private conversations and told us that all staff knew they "love their private conversations." All the relatives we contacted informed us that people's privacy and dignity was maintained. Support plans also provided staff guidance on how to maintain each individual's privacy and dignity. The provider had confidentiality and Data Protection Act 1998 policies in place which informed staff to keep information confidentially according to the law.

We found that people, their relatives and those who mattered to them were involved in their support planning. Two people's records indicated that their relatives visited them on a regular basis and where relatives were unable to visit, arrangements were in place for people to visit them. We found that two people using the service were being supported by an independent advocate to make specific decisions that matter to them. This showed that people were supported in making decisions about the support they received and we found that people's views were respected.



Is the service responsive?

Our findings

Prior to using the service, people's health and social care needs were assessed to ensure the service was suitable and could meet their needs. Some people were supported in their own homes where they lived with their families before they moved to service to ensure staff knew their routine and to familiarise them with staff. The registered manager informed us that this enabled people to settle in easily when they moved into the service.

People told us they knew what to do if they were unhappy. They said they would speak to the manager or a member of staff. People who used the service had complex needs including communication difficulties and visual impairment. The complaints procedure was available in different formats to support people's understanding. For example, it was available using Makaton signs for people who could not communicate verbally, Braille for someone with visual impairments and easy to read format with pictures to ensure information was accessible in formats that met people's needs. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. We found that two people using the service were recently supported by the registered manager to make a complaint. People told us that their complaints were handled well and they were satisfied with the outcome. When we asked people if they had any concerns at the time of our visit, they told us they had nothing to complain about.

People told us that staff regularly asked them how they were. The deputy manager informed us that monthly tenants' meetings were organised for people to raise any concerns. Where people had raised their concerns, we saw that this had been actioned. For example, one person wanted to go out more to the shops and we noted that the individual had been supported out on a shopping trip when we arrived at the service. This showed that people's views were taken into consideration and appropriate action taken to ensure they were satisfied with the support they received.

The complaints log showed that complaints were responded to appropriately and action taken to improve the service as a result. For example, staff had been reminded at a team meeting about an individual's support needs in relation to maintaining contact with their family.

The provider also had a 'quality checker' group which included people or their relatives from other supported living accommodations owned by the Care Management Group Limited. We found that these groups of people audited the service to check if they were meeting required standards and ensuring that people using the service were happy and well cared for. We were informed that some people living at the service were part of the quality checker team and were also involved in inspecting other services.

People were involved in various activities within the community. We found that the service supported everyone to acquire a paid part-time employment which made people active members of the community. This included working in a children's centre, office, and restaurant. We were informed that one person who liked football was supported to acquire a volunteering job at a local football club to sell the match day programmes. They were also involved in pioneering employment for people with learning disabilities and were supported to travel to Birmingham and Newcastle to promote this project. Care Management Group Limited (CMG) had established a "Service User Parliament" which involved service user member of parliaments (MPs) being elected by their peers annually to represent specific geographical constituencies within CMG. Staff told us that people with learning disabilities took the lead on this project. We found that one person who used the service was an (MP) and campaigned for issues that matter to people with learning disabilities, including better access to public transport.

We noted that when the office line rang one person answered the call. Staff told us that the person liked answering telephone calls and that they had even secured a job at their head office to answer phone calls and file documents. The person told us they "like this job very much." On the day of our inspection, all four people who used the service were supported by staff to access the local community either for shopping or work. A support plan we looked at showed that people were supported to go on a holiday and one person told us that they enjoyed the trip. People told us that they enjoyed going out for both leisure and work. We found that the provider organised social events including cultural days for people, their relatives, friends and those that mattered to them. People we spoke with told us that they participated in these events to



Is the service responsive?

experience other people's culture. These showed that people were supported to access activities and facilities in the local community, which prevented them from social isolation.



Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and their relatives knew the management team and told us they felt comfortable speaking with them. Staff told us their managers were approachable and treated them as part of the team. They said they could easily raise any concerns with their managers and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their role and that they did not have any concerns.

Staff were aware of the organisation's vision. They told us that their role was to encourage people to be more independent, provide them with choice and access to the local community. The registered manager informed us that openness and transparency was encouraged among staff and this was mostly discussed in staff meetings to ensure that staff were given the opportunity to raise any issues that may be of a concern to them. The provider arranged an annual staff survey to gather the views of staff about how to improve the quality of the organisation. We found that the results of the staff survey were not specific to the service we were inspecting; therefore, we were unable to use the results to inform our judgements. However, all staff that responded to our questionnaires provided positive feedback about the provider and management team.

The service manager also took part in monthly managers' meetings, which were used to monitor the quality of the services owned by Care Management Group Limited. We saw that senior managers were involved in these meetings so that the service or registered managers received adequate support. Topics discussed at these meetings included driving improvement, health and safety, safeguarding adults, policies and procedures and keeping

managers up to date with organisational changes and events. We saw that learning from accidents and/or incidents from other services was shared at these management meetings to ensure adequate support was in place for the registered manager to develop and drive improvement at the service.

People using the service were involved in its development. For example, we found that people were involved in recruitment processes and sat on interview panels to ensure that any new staff recruited were capable of supporting them and meeting their needs. One person told us about the contribution they made during the most recent staff recruitment and the questions they asked interviewees.

The provider had a system in place to monitor the quality of the service. This included monthly audits carried out by the deputy manager and quarterly audits completed by the regional director. The audit documents we looked at covered areas such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS), support plans, key working, management of medicines, nutrition, cleanliness and infection control, safety and suitability of premises, staffing and supporting staff. The audits showed that the service was meeting all standards at the time of our inspection.

We saw several awards displayed at the service. The service manager informed us that these were internal awards won by staff and the management team for driving up standards in relation to the support that they provided people. The awards included best supported living service manager, outstanding service award, total communication, best practice in promoting employment and excellence in promoting social inclusion. This showed that both management team and staff at the service worked well together to promote good practice in care and support.