

Chy Morvah Limited

Ridgewood Lodge

Inspection report

Ridgewood Lodge
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Tel: 01209714032

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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

Ridgewood Lodge is a small care home that can accommodate up to six people with learning and /or physical disabilities and mental problems. At the time of our inspection there were four people living in the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

We carried out this inspection on 3 May 2016. The service was last inspected in October 2013 and was found to be meeting the Regulations.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. Relatives said, "They [the service] look after [person's name] perfectly. [Person's name] is very happy" and "I have no concerns about the service at all."

People living at the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and were supported by staff to make choices about their daily living.

Support was provided by a consistent staff team who knew people well and understood their needs. There were sufficient numbers of suitably qualified staff on duty. People were supported to access the local community and take part in a range of activities of their choice.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. Specialist services such as occupational therapists and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. One relative said, "Staff noticed something recently about [person's name] health that I might not have seen. They are very good at looking for any changes."

People were supported to eat and drink enough and maintain a balanced diet. Staff had acquired knowledge of what people liked to eat and people were involved in menu planning as much as was possible. Menu planning was done in a way which combined healthy eating with the choices people were able to make about their meals.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Where people did not have the capacity to make certain decisions the registered manager and staff acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the registered manager and owner provided strong leadership and led by example. Staff said, "The manager and owner are very approachable", "I am happy working here" and "People living here get a good service."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The owner was visible in the service and regularly visited to check if people were happy and safe living at Ridgewood Lodge.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk assessments supported people to develop their independence while minimising any inherent risks.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to access the community and extend

their social networks.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

Is the service well-led?

Good ●

The service was well-led. The management provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

Ridgewood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people who used the service, the provider, the registered manager and two care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at two records relating to people's individual care. We also looked at staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with two other care staff and two relatives.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. Relatives said, "They [the service] look after [person's name] perfectly. [Person's name] is very happy" and "I have no concerns about the service at all."

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff, and they approached staff for help or support without hesitation.

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to read. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

There were effective systems in place to help people manage their finances. With people's, or their representative's, agreement the service held small amounts of money for them to purchase personal items and pay for meals out. The registered manager carried out regular audits of the money held and records kept by staff.

People's care plans contained details of any risks identified in relation to certain areas of people's care and support. These records provided staff with clear guidance and direction on how people should be supported in relation to each specific risk identified. For example, one person was at risk of harm when out in the community because they were at risk of falling and had no awareness of road safety. Staff were instructed to walk beside them and 'link arms' to reassure them and keep them safe.

Incidents and accidents were recorded in the service. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Ridgewood Lodge. On the day of the inspection there were two care workers and the registered manager on duty for four people. One person was out all day at a day centre, another person went out as they wished independently and the other two people needed support from staff.

The registered manager told us staffing levels had been reduced since April 2016 because there were two less people living in the service. However, there would normally be three care staff on duty but due to a member of staff being on leave the staff numbers were lower for four shifts that week. When there was only two care staff on duty the registered manager worked as the third care worker. For example, on the day of the inspection one person went out for their normal afternoon activity. They needed two staff to support them when going out into the community and the registered manager supported the one person left in the

house while the two care staff were out. Rotas showed that three care staff were booked each day, although occasionally the numbers went down to two if staff were sick or on leave.

The registered manager was available for staff to contact, when they were not working in the service, if they needed support in an emergency. Staff told us the registered manager was easily contactable and would come into the service in the evening or weekends if there were any staff shortages.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Ridgewood Lodge. All medicines were stored appropriately. Medication Administration Records (MAR) showed people had received their prescribed medicines at the appropriate times. Some people had been prescribed creams and these had been dated upon opening. This meant staff knew when the cream had been opened and how long it could be used before it was out of date and had to be replaced. Staff has received appropriate training in administering and managing medicines and weekly audits were completed by the registered manager.

The environment was clean and well maintained. The owner visited weekly to complete regular safety checks such as the checking of water temperatures. They also carried out repairs and on-going maintenance work to the premises as and when it was needed. External contractors were used to carry out checks of manual handling and electrical equipment. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs. One relative said, "They [staff] look after [persons' name] perfectly, staff are really good."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had attained a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One member of staff said, "Training is always updated." If any specialist training was needed then this was arranged so staff could gain the appropriate skills to meet people's specific needs. For example, all staff had completed dementia training to help them understand the needs of one person who had recently been diagnosed with a type of dementia.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside the more experienced staff until such a time as the worker felt confident to work alone. The service had updated their induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. One relative said, "Staff noticed something recently about [person's name] health that I might not have seen. They are very good at looking for any changes."

People were supported to eat and drink enough and maintain a balanced diet. Staff had acquired knowledge of what people liked to eat and people were involved in menu planning as much as was possible. Menu planning was done in a way which combined healthy eating with the choices people were able to make about their meals.

Some people were assessed as being at risk of not eating or drinking enough to meet their needs. Where people were identified as being at risk staff monitored each person's food and fluid daily intake, to ensure they were appropriately nourished and hydrated. Food and fluid charts were completed by staff so individual people's intake could be monitored.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the registered manager had made DoLS applications for three people.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "I am happy working here" and "People living here get a good service." A relative said, "Staff care for [person's name] really well."

People living at the service had limited verbal communication. However, staff understood people's individual ways of communicating and had clearly developed a good knowledge of each person's needs. The relative of one person told us how well staff interacted with the person and how staff had built up a good knowledge of their communications methods. The relative said, "They [staff] understand their needs and have learnt how they communicate what they want."

People were able to make choices about their day to day lives. People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with regular staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices. For example, "Offer a choice of two things at a time, if they don't respond to either, another two choices are offered until they communicate their choice."

Staff were committed to encouraging people to be as independent as possible. For example, one person liked to go to the medicine cabinet to collect their medicines from staff and then go and sit down on their own to take their medicines. Sometimes the person could forget to take their medicines unless prompted by staff. We saw that staff discreetly watched the person and gently reminded them to take them without compromising their wish to be independent.

We saw staff valued and respected people's privacy. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. Staff were available to support people whenever they needed help but they also gave people space to spend time on their own. For people who were assessed as needing to remain in 'line of sight', monitoring was carried out as unobtrusively and respectfully as possible by staff. People's rooms were personalised with their own belongings and decorated to their taste.

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit at any time. One relative said, "I visit regularly at all different times and I am always made welcome." People were able to see their visitors in one of the communal lounges or in

their own room.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations. The service had not had any new people move in for some time. However, with two vacancies the registered manager had met recently with some people and had carried out assessments. Conversations with the registered manager and owner confirmed that they would only accept a new person into the service if they were confident they could meet their needs. They were also aware of trying to ensure that any new person would fit in with the other people already living in the service.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Ridgewood lodge. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Staff were provided with information on how to support people to manage any changes in their behaviour when they became anxious. One person could display behaviour that was challenging for staff. This behaviour had been learnt over a long period of time and it had not been possible to identify specific triggers. Their care plan gave clear guidance and instructions for staff about how to respond if these situations should occur. This included staff telling the person the activity they were engaged in with the worker would cease if the behaviour did not stop. All staff spoke knowledgeably about this person and how their complex needs were managed.

People were supported to access the local community and take part in a range of activities of their choice. The service had a specially adapted mini bus so people could go out as and when they wished to. Records showed people engaged with a variety of activities including local shopping trips, horse-riding, swimming and local tourist attractions. Staff also supported people with quiet one-to-one time reading, doing craft work or pamper sessions. A relative commented, "[Person's name] has a lot of one-to-one time with staff, which they enjoy."

Staff supported people to be involved in some household tasks, such as helping clearing dishes after meals and cleaning their rooms. This meant they were able to maintain independence in their daily life.

A copy of the provider's complaints policy was available within the service. People said they would not hesitate in speaking with staff if they had any concerns. Relatives said, "All the staff are really easy to talk to" and "If ever I had a problem I would not hesitate to say something."

Is the service well-led?

Our findings

There was a positive atmosphere within the service and the interaction between people and staff was open and friendly. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of people they were supporting were met.

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was supported by two senior care workers. The owner supported the registered manager and was known to people who lived in the service and their relatives.

Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people living there. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with the registered manager, senior staff or the owner, regular formal supervision and regular staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to. Staff said, "The manager and owner are very approachable and always at the end of the phone" and "It's a good organisation to work for."

The owner was visible in the service and regularly visited to check if people were happy and safe living at Ridgewood Lodge. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run. Relative said, "If ever I have a problem I talk to the manager or owner and they always listen and resolve things."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager worked alongside staff to monitor the quality of the care provided and completed regular observations of their working practices. The registered manager facilitated monthly workshops with staff to discuss a different care practice at each session. This helped ensure that staff had a similar approach to their care practice which meant people received consistent care. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people.

The registered manager carried out regular audits of falls, medicines, health and safety and care plans. They also completed a monthly return for the owner of all aspects of the running of the service and a summary of the audits that had been completed. This form was used as the basis for the monthly meeting between the registered manager and the owner. This meant that the registered manager and owner were able to regularly exchange information about any business and operational decisions in relation to the running of the service.

The registered manager had made all the necessary notifications to the Care Quality Commission (CQC) as is required by law. This included advising CQC of a recent safeguarding allegation that had been made about

the way the service had cared for one person. Although, after an investigation by the local authority the allegation was not substantiated the service was open and transparent in the way they supplied information. The registered manager had also taken on board some recommendations that came out of the investigation and had made the agreed changes to improve some record keeping at the time of the inspection.