Care Management Group Limited

The Ridgeway

Inspection report

36 The Ridgeway
Harold Wood
Romford
Essex
RM3 0DT

Date of inspection visit:
05 October 2017
12 October 2017

Date of publication:
05 December 2017

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

This inspection took place on 5 and 12 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

The Ridgeway is registered to provide personal care to people in their own homes. At the time of the inspection they were providing a supported living service to four people who lived together in a shared house. Supported living is where people live in their own home and receive care and/or support in order to promote their independence.

The service has 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.

People received a safe service. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They were confident that the registered manager would address any concerns.

People were treated with respect and their privacy and dignity was maintained. They were supported by a caring staff team who knew them well.

Systems were in place to ensure that people received their prescribed medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices.
People were protected by the provider's recruitment process, which ensured that staff were suitable to work with people who need support.

People were encouraged to develop their skills and to be as independent as possible. They were supported by staff to carry out daily living activities such as shopping, cooking, cleaning and laundry.

People were actively involved in developing their support plans and agreeing how they should be supported. Care records contained detailed information about people's needs, wishes, likes, dislikes and preferences.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Staffing levels were sufficient to meet people's needs and to enable them to do be supported flexibly and in a way they wished.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. Systems were in place to ensure that their human rights were protected.

Staff felt the registered manager was approachable and supportive and gave them clear guidance.

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. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

People were supported to receive their medicines safely.

The recruitment process ensured staff were suitable to work with people who need support.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected.

People's healthcare needs were monitored and they were supported to remain as healthy as possible.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good

The service was caring. We saw that staff supported people appropriately and responded to them in a friendly way.

People were supported to make and maintain friendships and relationships.

People were encouraged to be as independent as possible and to develop their skills.

Is the service responsive?

Good

The service was responsive. People received individualised care and support. Their support plans were personalised and gave a clear picture of how they wanted and needed to be supported.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported.

People were involved in activities of their choice in the community and were supported to do what they wanted and liked.

People were supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Good

The service was well led. The registered manager monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

The Ridgeway

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 checked 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 5 and 12 October 2017 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

At the last inspection on 8 July 2014 the service met the regulations we inspected.

In September 2016 the provider completed a Provider Information Return (PIR). This 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. Before our inspection, we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we met and spoke with all four people who used the service. We also observed the support provided by the staff. We spoke with four members of staff, the registered manager and the regional director. We looked at three people's care records and other records relating to the service. This included four sets of staff recruitment records, duty rosters, accident and incident records, complaints, quality monitoring records and medicine management records.

After the inspection we spoke to two people's relatives by telephone and received written feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

Systems were in place to safeguard people who used the service. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the registered manager would deal with any concerns they raised. Some safeguarding concerns were raised earlier this year. We found that these had been listened to and action was taken by the provider to deal with the issues raised. We saw that safeguarding was discussed with people at 'tenants' meetings and safeguarding information was available in easy read formats with pictures showing people how to keep safe. One person told us, "I would tell [registered manager] if I was not happy and they would do something." A member of staff told us, "We talked about safeguarding and what to do. We give scenarios to help them understand."

There were systems in place to protect people's finances from possible misuse. Cash for daily use was securely stored in individual sealed bags kept in the safe and accessed by the shift leader. Any cash received, spent or returned was recorded and signed by two staff and was checked at each shift handover. Additional cash was kept in a safe in the manager's office. Cash and expenditure records were entered on the provider's computerised system which enabled them to be checked and monitored by senior officers. We checked the records and cash held for three people and found that these tallied with records. A previous safeguarding investigation had found there was no question of financial abuse but highlighted some areas that could be strengthened. We found that the provider and registered manager had taken this on board and were working with people and their relatives to make the process even tighter.

Risks were identified and systems put in place to minimise risk and to ensure people were supported as safely as possible. People's files contained risk management plans which were up to date and were relevant to their individual needs. They covered areas where a potential risk might occur and how to manage it. For example, choking, moving and handling, showering and managing finance. The plans were clear, detailed and gave staff the information needed to enable them to support people as safely as possible. A healthcare professional told us, "I do not have any concern regarding the support provided by Ridgeway to the patients I see." A member of staff told us, "We risk assess everything. Medicines and monies are locked away. We don't have bank cards."

Systems were in place to ensure that the environment was safe. Records showed that equipment and services were checked and maintained to ensure they were safe and fit for purpose. Staff were aware of what to do in the event of an emergency and had received first aid and fire safety training.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. Staff

records confirmed that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

This supported living scheme had 24hour staffing including waking staff at night. Staffing levels varied and were based on individual needs. For example, on the first day of the inspection each person had one to one support as they were going to college and other activities. Staffing levels were sufficient to meet people's needs.

People were supported to receive their medicines safely and in a way they wanted. Each person had medicines administration guidelines that gave clear information about this. For example, "Give medicines when calm and not when anxious" and "Give with warm water as have sensitive teeth." Medicines administration records had been properly completed and were up to date. Medicines in use were safely stored in locked cupboards in people's rooms. Due to space constraints some stock medicines were stored in the office until they were needed. Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. The competency checks were carried out each year by the registered manager or a senior member of staff who had received additional training to enable them to do this. People were happy for staff to support them with their medicines. One person told us, "I have got a medicine cabinet but don't take medicines unless I have a cold or flu."

Good

Is the service effective?

Our findings

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. One relative told us, "Staff are competent and know about [family member]." Another said, "Staff are amazing. They are doing a lot of really good work with [family member] and they all work together."

Training was a combination of e-learning and face to face courses. There was a computerised system that indicated training staff had received and flagged up when this needed to be updated or new training completed. We found that for some staff there had been a delay in them receiving moving and handling refresher training. We discussed this with the registered manager and regional manager and arrangements were made for this to be brought forward. Training included safeguarding, fire safety, food hygiene, moving and handling, medicines, epilepsy, eating and drinking, first aid, sexual relationships and boundaries. One member of staff told us, "Training is useful including the autism refresher. This helped in understanding [person who used the service]." Another said, "Training has definitely given me the skills I need."

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is always there to talk to." Another told us, "There's good management support and [registered manager] is teaching me new things." Systems were in place to share information with staff including staff meetings and handovers.

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and were aware of people's rights to make decisions about their lives. People had the capacity to make decisions about most aspects of their care and were encouraged and supported to do this. The registered manager was aware of how to obtain a best interests decision when needed. Systems were in place to ensure that people's legal rights were protected.

Staff were provided with information about people's communication needs and abilities, and these were clearly outlined in 'communication passports'. These gave details of how the person communicated and how they expressed choices. Visual, braille and easy read information was used to assist them with this.

Systems were in place to support people with their nutritional needs. People individually chose what they

wanted to eat and were supported by staff to buy their food and to cook. Each person had their own space in the kitchen to store their food. A member of staff told us, "They have their own box and bags for food in the freezer and cupboard. Separate sweets and a shelf in the fridge. There's a few communal bits and they have communal dinners twice a week. They vote on what they like."

None of the people had any specific dietary requirements in relation to their culture or religion but one person was being supported to have a healthy eating diet to help them to lose weight. We saw that people were supported to make drinks when they wanted and they had individual discussions with staff about what they wanted for their lunch. On the first day of the inspection people had invited some guests for a meal in the evening and we saw that they spent time with staff planning the menu. They then went shopping to buy the necessary items and were involved in the preparations for the meal.

People's healthcare needs were monitored and they were supported to remain as healthy as possible. A healthcare professional told us, "The staff supporting the patients do bring in all the information required and if I request any additional information, it is usually faxed or emailed to me immediately after the visit." Each person's file contained a health action plan with details of their health needs and how these should be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. One person told us, "If I'm not well I go to the doctors." A member of staff said, "Each have a health action plan and [registered manager] books appointments and check-ups. They are supported to find courses and [person's name] did a sexual health course."

Good

Is the service caring?

Our findings

Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people. Staff were patient and considerate and took time to explain things and listen to what people had to say and to what they wanted. One person told us, "The staff are nice." Another said, "I am very happy here and like the staff."

Relatives were also happy with the way their family member was supported and treated. One relative told us, "I have no concerns. It's a good company and they have the same standards as me." Another said, "They care for [family member] as if their own."

People's privacy and dignity were respected. One relative told us, "Staff are respectful for their home. They ring the doorbell and the young people open the door and answer the phone." Another said, "Nothing but praise. They are firm in the right way and with dignity and respect and treat [family member] like an adult." Staff also told us how they promoted people's privacy and dignity. One member of staff said, "Two staff are used to hoist people but only one stays in the bathroom." Another said, "If [person] indicates they need personal care we just nod and take them to their room. We don't shout it out."

People were very involved in the running of the service and in what was happening. For example, one person told us, "I help with the shift planning and that's good." Another said, "We have 'tenants' meetings and talk about what we want." A member of staff commented, "The weekly allocations are discussed with them and we ask if they want to change what day they're doing things or who they are going to do it with. It's up to them." A relative told us, "[Family member] is happy and has a good life."

People were supported to be as independent as possible. Staff supported people to do necessary daily living tasks including cooking, cleaning, shopping and laundry. One person told us, "I like doing laundry and hoovering."

People were supported to maintain and develop relationships. For example, one person told us, "Staff take me to meet my [relative]." Another person was supported to have lunch at college, as they wanted to meet someone they liked. A member of staff said, "Families visit and people go home to visit their families." A relative told us their family member was supported to visit their sibling.

People's cultural and religious needs were identified and staff were aware of these. However, none of the people chose to practise any specific religion. Staff told us that people liked to celebrate Christmas and Easter and one person went to a church lunch club.

Staff told us about people's individual needs and preferences. There was a stable core staff group and this helped to ensure that people were consistently supported in a way that they preferred and needed.

People were able to indicate what they liked and wanted, but if needed, staff arranged for independent advocates to be involved. This was to ensure people understood the issue and to support them to express

their views and wishes.

Good

Is the service responsive?

Our findings

People received individualised care based on their needs, likes, dislikes and preferences. Their support plans were personalised and contained assessments of their needs and risks. The plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. For example, "I like to sleep in a quiet dark room." A member of staff told us, "Support plans tell you in detail what they like. It does help to have read the plan." Support plans also contained information on how people communicated and what different behaviours signified. For example, one plan said, "If I am unhappy I may shout shut up."

People were involved in developing and reviewing their support plans. One person told us, "I've got a support plan and we talk about goals." Another said, "My support plan is in the cupboard. I am happy with my support plan." Support plans were reviewed and updated when needed. People had monthly meetings with their keyworker to discuss their support, needs and wishes. Information from these discussions was then used to update care plans and risk assessments. Therefore systems were in place to ensure that staff had current information about how people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to people's changing needs and wishes.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. A member of staff told us, "We discuss support plans in key worker sessions and find out what people want to do." We saw that people chose what, when and where to eat, what they wore, what they spent their money on and what they did each day. One person said, "I choose what to do. The staff ask me what I want to do and help me sort out things to do." A relative told us, "Staff empower [family member] and give them choice."

Three people had paid part time work at the provider's local office. One person answered the telephone, another shredded unwanted paperwork and a third cleaned the office. People told us they like their jobs and were happy doing them. People also went to college and did other activities both in the community and at home. One person told us, "I do African drumming, bowling and have dinner out. I like swimming." People also told us about their holidays and how much they enjoyed them. A member of staff said, "Staff try to make things happen. College, work, football. People are always out."

We saw that the service's complaints procedure was available in easy read formats and people said they knew how to complain and who to complain to. One person told us, "We talk about complaints at keyworker meetings." Another said, "At tenants meetings we talk about concerns and what's worrying us." A relative told us, "There's not been many but they have dealt with any issues or concerns." Relatives told us that they could also raise issues or concerns with the registered provider. One relative said, "I contacted [registered provider] and they said they were aware and had it in hand." Another said they had previously contacted the registered provider and regional manager and their issues had been addressed. People used a service where their complaints and concerns were listened to and action taken to address them.

Good

Is the service well-led?

Our findings

People told us the service was well managed. The registered manager had been in post since March 2017 and relatives and staff said the service had improved under their guidance and leadership. A relative told us, "[Registered manager] is really supportive and goes the extra mile. I think they will do well and can see the difference already." Another said, "Since [Registered manager] has been there things have all come together. It was a bit unsettled previously." A member of staff said, "The service was stagnant but since [registered manager] has been here lots of things have changed. There's more community use and people go out more. Staff are more positive and it's a nice place to work."

The registered manager was based at the service full time and this ensured they had a good oversight of what was happening there. Staff were clear about their roles and responsibilities and told us the registered manager was accessible and approachable. One member of staff said, "We get support and [registered manager] leads by example." Another said, "[Registered manager] always resolves problems and I have not seen them failing.

People were involved in the development of the service and decisions about what happened in the house they shared. They were asked for their opinions and ideas at 'tenants' meetings. We saw that people had discussed issues and made decisions and agreements about what they wanted to happen. For example, at the last meeting they had discussed if there was anything they wanted to get for the house. One person told us, "We talk about what we want and like." Staff were also consulted about what happened in the service and any possible service developments. One member of staff said, "At the end of the team meeting we are all asked if there's anything to bring up. We are encouraged to input." Another commented, "Staff can raise things and talk about things." People were listened to and their views were taken into account.

We found that the registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This was both informally when they were at the service and by audits and checks that necessary tasks had been completed. For example, medicines and health and safety audits. People were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs.

The provider had systems in place to monitor the quality of service provided and to ensure it was safe and met people's needs. The registered manager was required to complete a monthly on line managers' report confirming checks and audits had been carried out and any safeguarding, complaints or other significant events. This was then reviewed by the regional director and checked by the provider's quality team to identify if any issues had arisen.

The regional director carried out a quality audit every three months and the quality assurance manager had also carried out an audit. Reports of these visits highlighted any points for action with timescales for completion. These were followed up by the regional director to ensure that action had been taken. The chief executive of the organisation also visited services and spent time with people.

People used a service where their feedback and opinions were actively sought and valued. The provider also sought feedback from people, relatives and other professionals by quality assurance surveys. In addition to asking for feedback on the quality of the service they were also asked for any improvements they felt were needed. We found that the registered manager had contacted people individually to discuss their comments and had put an improvement plan in place. We saw that one person had suggested that a table more suitable for people who use wheelchairs would be of benefit and this was arranged.