

Ridgeview Healthcare Limited

Ridgeview

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

This inspection took place on 25 May 2017 and was unannounced. Ridgeview is a care home which provides care and support for up to four people with learning disabilities. At the time of this inspection there were three people using the service.

At the last inspection on 29 December 2014 and was rated 'Good'.

At this inspection we found the service remained 'Good'.

People and relatives told us that they felt safe with the staff that supported them. Staff understood how to keep people safe and protect them from abuse.

People's individual risk associated with their health and care needs had been identified and appropriate guidance had been provided so that staff were able to support people in order to reduce or mitigate risks.

Safe recruitment practises were noted which ensured that all staff employed by the service were assessed as being safe to work with vulnerable people.

Medicines were managed, handled and stored securely. Appropriate systems and processes were in place to ensure medicines were administered to people safely and appropriately.

The service always ensured that people were assessed as having capacity and were supported to have maximum choice and control of their lives. Staff were observed supporting people in the least restrictive way. The provider had policies and systems in place to support this practice.

Staff demonstrated a good level of understanding of the key principles of the Mental Capacity Act 2005 (MCA) and how this was to be implemented when supporting people.

Staff received a comprehensive induction as well as relevant training which supported them to carry out their role effectively. Staff confirmed that they were appropriately supported through various ways which included regular supervision and annual appraisals.

People were involved in devising their own weekly menu plans which took into account their choices and preferences of what they wanted to eat.

People were supported to access a variety of health care services such as GP's, chiropodists, community mental health nurses and psychiatrists.

Care plans were person centred and provided detailed information about the care and support that people required. Staff knew people well and were aware of each person's individual needs which included their

likes, choices, needs and preferences.

Relatives confirmed that they did not have any concerns about the care that was provided and they knew who to speak with if they did have any issues to raise.

Appropriate systems and processes were in place which monitored the quality of the care and support that was provided within the home in order to learn and make improvements to the delivery of care. This included medicine audits, health and safety checks and the completion of satisfaction surveys.

We observed care staff and management approach and speak with people in a way that was caring and positive. Relatives and staff also confirmed that they were able to approach the registered manager at any time and were listened to.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ridgeview

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 comprehensive inspection took place on 25 May 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the inspection we spoke with three people who used the service and we also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with the registered manager and four staff members and looked at five staff files and training records.

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

One person told us, "I feel safe." Other people we spoke with were unable to clearly comprehend and communicate their answer when asked if they felt safe living at the service and with the support that they received from staff. However, we observed positive and reassuring interactions between people and the staff that were supporting them which promoted people's safety and well-being. Relatives told us that they believed their relatives to be safe. One relative told us, "Oh yeah, I have never had any concerns."

Staff were able to clearly explain the different types of abuse, the signs they would look for if they felt someone was being abused and the actions they would take to report abuse in order to keep people safe. One staff member told us, "Safeguarding is basically about protecting the service user from abuse and reporting any concerns to the manager." Staff understood the term 'whistleblowing' and knew of the different agencies that could be contacted if they needed to report any concerns. This included the local authority, police or the Care Quality Commission (CQC).

People's care plans identified and assessed all risks associated with their health, care and support needs. These risks included self-neglect, challenging behaviour, asthma, going out late at night and smoking. Care plans detailed the risks to the person, the triggers and indicator associated with the risk and how the person was to be supported to reduce or mitigate the risk. For example, one person had been diagnosed with multiple mental health conditions. The care plan provided detailed information about the condition and the intervention strategies to be used to de-escalate a situation.

We looked at the systems and processes the service had in place that ensured the safe receipt, storage, administration, disposal and recording of medicines. Accurate and complete records had been maintained in relation to medicines management. Weekly medicine audits had been completed to ensure any potential errors were identified and acted upon.

However, we did find that the service did not have protocols in place where people had been prescribed PRN medicines. PRN medicines are administered on an 'as and when required' basis and include medicines such as pain relief. PRN protocols give staff information on the type of medication the person had been prescribed and information on how and when the medicine should be administered. The registered manager told us that staff knew people really well and were confident on how and when PRN medicines should be administered but confirmed that they would devise a profile that incorporated this information.

Staff told us and records confirmed that they had completed training in medicine management. The registered manager in addition also completed observed competencies to check and ensure that staff were following medicine administration processes safely and appropriately. However, these were not recorded. The registered manager confirmed that they would ensure all observed competencies were recorded going forward.

The service had systems in place ensuring the reporting and monitoring of all accidents and incidents involving people living at the home as well as staff. Each accident or incident was recorded with details of

the accident and the actions taken in order to keep people safe.

We observed there to be sufficient staff available to support people living at the service. Staff confirmed that the registered manager was always available to help when required and where people needed to be escorted to appointments or community activities, staffing levels were adjusted to ensure that people were supported safely.

We looked at five staff files to look at whether the service was following safe recruitment processes so as to assure themselves that only suitable staff were being employed. Staff files contained appropriate documentation which included criminal record checks, references, identification checks and checks to confirm that staff were eligible to work in the UK.

All parts of the home were clean and there were no malodours detected anywhere in the building. One relative told us, "The home is very homely, very clean."

Is the service effective?

Our findings

We observed people to be supported by staff who knew them well. Staff demonstrated a good understanding of people's needs and were seen to have the appropriate skills and knowledge in order to deliver effective care.

Staff told us and records confirmed that all staff completed a period of induction before commencing their employment. The induction followed the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. In addition all staff received training and refresher training in mandatory and non-mandatory topics such as moving and handling, first aid, safeguarding, mental health and risk assessments. A training matrix had been devised which showed the date of training undertaken and the date the training expired.

Staff provided positive feedback about the level of on-going training and support that they received as part of their role. One staff member told us, "Oh yeah, I feel supported. If I want any training I can go to him [registered manager]." Records confirmed and staff told us that they received regular supervision and annual appraisal. Staff commented that supervisions were a useful way in which they were able to discuss training, ways of working and concerns or issues about people's care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service ensured that the principles of the MCA were considered and implemented when supporting people. The service always presumed people could make their own decisions about their care and treatment they received and had signed a statement consenting to this. Staff demonstrated a good level of awareness of the MCA and how people were to be supported in order to ensure that they were given choice and autonomy at all times. One staff member explained, "The MCA is about when somebody is not able to make a decision or retain enough information to make a decision about their care and support needs. We try and explain to them what's happening and what we are doing and we always ask for consent."

We were informed by the registered manager that none of the people living at Ridgeview were subject to a DoLS as there was no restrictions placed on them for any aspect of their care needs. People were able to leave the home as and when they pleased, however, it was noted that two people chose to have a staff member accompany them when accessing the community in order to ensure their safety. We spoke with the registered manager about this and discussed the possibility of the requirement of a DoLS. The registered manager confirmed they would discuss this with the local authority DoLS team in order to seek further

clarification.

Menus were planned on a weekly basis and involved all three people living at Ridgeview. Staff used a variety of ways to support people when making choices about their meals which involved the use of pictorial and physical aids such as plastic food shaped objects. We observed that people not only enjoyed a mixed variety of home cooked food but were also supported to go out to restaurants and cafes to have their meals. One person told us, "The food is not bad." During the inspection people went out for lunch and on their return, people told us that they had enjoyed their meal at the local café.

Care plans provided details of people's dietary requirements as well as their likes and dislikes and the level of support they required when eating their meal. One person's care plan stated, '[Person] eats slowly. He should never be rushed. [Person] does like a pudding or yoghurt after his meal.'

People were supported to access a variety of health care service which included the GP, dentist, psychiatrist and chiropodist. Care plans contained documentation and records of all health appointments, records of visits and the outcome of each visit. One person told us, "When appointment comes I go with [registered manager]." The registered manager also confirmed that they had established positive relationships with community psychiatric nurses who visited on a regular basis and were always available if the service had any specific concerns about any of the people living at Ridgeview.

Is the service caring?

Our findings

People made positive comments about the staff that supported them. Comments included, "Carers are friendly" and "I am happy, carers are good." One relative stated, "The carers are caring, very nice. They always seem very sociable and friendly."

We observed that people had developed positive and caring relationships with staff. Despite communication barriers that some people faced, staff knew people well and were able to clearly understand what the person was saying. We also observed people expressing their needs and wishes clearly to staff as well as staff always asking people for their consent and using a variety of pictorial and communication aides to ask them what they wanted to do.

Care plans reflected people's choices, preferences and views on how they wished for the care and support to be delivered. Care plans had been developed in partnership with the person, their family and other involved health care professionals. Relatives confirmed that they had been involved in the planning of care and that the registered manager was always in contact with them and providing regular updates about the person and how they were. One relative told us, "If there is something going on [registered manager] calls and explains things to me. He keeps me well informed."

Care plans gave detailed information about the person and their cultural and spiritual needs and preferences. Staff told us that where possible they always discussed any particular needs that people had with them and encouraged and supported people to observe their beliefs if they wished. One staff member said, "We know [person] wants to pray. We respect his choices and we encourage him and ask him if he wants to go to his place of worship."

We asked staff about supporting people from different backgrounds or who identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). One staff member told us, "We treat everybody the same."

During the inspection we observed the registered manager and other staff members being respectful of people's privacy and dignity. People were asked for their consent before we entered their bedroom to have a look. Staff gave us a number of examples of how they maintained and respected people's privacy and dignity. Examples given by staff included, "[Person] always keeps his door open but we always knock on the door before we enter" and "If I am supporting a person to have a shower I always keep the door shut."

Is the service responsive?

Our findings

Each person had a detailed and person centred care plan which gave clear information and guidance on how they wished to be supported with their health and care needs. Care plans were reviewed and updated where required.

Each care plan contained a one page document called 'Getting to know [person]' giving background history about the person, their likes and dislikes and other significant information about the person and their personality. Staff told us that care plans gave them detailed information about the person which enabled them to support the person in a person centred way. One staff member said, "The care plans give us information so that we know about the person we are dealing with."

The service had completed pre-admission assessments for each person prior to them moving into Ridgeview. This was so that the provider was able to confirm that the service was able to meet the needs of the person. The service had one vacant room and the registered manager although had received a number of referrals to occupy the room, was unable to accept any of the referrals. This was because he was very clear that any new person moving into the home would have to positively match the personalities of the other people and ultimately be able to get on well with each other. Knowing the people living at the home, the registered manager felt that he had not received an appropriate referral as yet.

The service had completed a hospital passport for each person which was available within the person's care plan. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. These documents were easily accessible to all staff and provided them with immediate and relevant information about the person and their needs.

Staff completed daily diary records for each person which provided information about the person's health and general well-being, interactions, activities that the person had participated in and any other matters of concern. This ensured that each staff member, at the start of a new shift, were able to refer to these records and had access to information about the person and how their day had been which also included any follow up actions to be taken as a result of any issues or concerns.

People were able to choose and make decisions about the activities that they wished to participate in. A weekly activities timetable had been devised giving staff ideas and suggestions on the different types of activities that could be organised on any particular day. Activities such as going out, going shopping, church, hairdressers, leisure centre, games, library, cinema and dominoes had been listed. Each person's care plan contained a daily activity record which confirmed what activities the person had taken part in. Staff told us that people liked going out a lot and this was facilitated on a regular basis. The provider also organised annual holidays and pictures had been displayed around the home of people participating.

The provider had a complaints policy in pictorial format which was available to people in order to support them if and when they wanted to make a complaint. People we spoke with seemed happy and did not

express any negativity or concerns. Relatives told us that if they had any concerns or issues, they knew who to speak with and were confident that their concerns would be addressed immediately. One relative told us, "I've never had any complaints and I'd have no concerns about reporting any concerns if I had any." A second relative told us, "If there was anything I would approach [registered manager] and I am confident he would deal with it." The service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. 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 2008 and associated Regulations about how the service is run.

Relatives and staff that we spoke with were positive about the registered manager and told us that he was always available and approachable. One relative said, "[Registered manager] does a good job. He knows him [person] so well and he knows how to talk to him]." Staff comments included, "[Registered manager] is very support. He is a good manager" and "[Registered manager] is okay. I can go to him with any of my concerns."

The registered manager told us that every two to three weeks people met with him and the community psychiatric nurse. During these meetings people were asked about how they were getting on and if they had any concerns or issues. However, these meetings were not formalised. The registered manager told us that going forward he would try to record and formalise these meetings so that people's views, opinions, ideas and suggestions could be used to learn and make improvements.

Staff told us and records confirmed that regular team meetings were held where staff were given the opportunity to discuss any concerns or issues as well as make suggestions for improvements to the service. Topics discussed included, service user support, housekeeping, training, working relationships and activities. Staff confirmed that these meetings were positive and that they were encouraged to make suggestions and that they were listened to. One staff member said, "We talk about challenges, the service users and we share practises." Another staff member commented, "We can voice our opinions."

The registered manager had a number of systems in place which were used to monitor and improve the quality of the service provided. This included regular audits including health and safety checks, weekly medicine audits, infection control audits and checks of cleaning and care records. Where issues and concerns had been identified, the registered manager had recorded the details and the actions that had been taken to resolve and make improvements.

The provider also carried out annual satisfaction surveys which were sent to people, relatives, visiting healthcare professionals and staff. The results of the most recently completed surveys in March 2017 were positive and no negative comments had been made. Relatives confirmed that they had completed these surveys. Comments from relatives included, 'He [person] seems happy', 'Staff are very friendly and sociable' and 'Very happy with overall services, excellent'. One comment made a visiting healthcare professional stated, 'Ridgeview offers a homely environment and staff have a good understanding and positive response to the residents care and support need'.

We saw records confirming that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis which also included records confirming regular maintenance

and servicing of the building.