Ryde House LLP

Ryde House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Ryde House is a privately owned home, which provides personal care and accommodation for up to 64 people living with learning disabilities. The accommodation complex is split into five separate and independent units each providing support to people with specific learning disability needs. For example, one unit supports younger people who present behaviour that challenges others, while another unit supports older people who are also living with dementia. At the time of our inspection there were 63 people living at the home.

There was a registered manager in post. 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.

The inspection was unannounced and was carried out on 3, 4, & 5 March 2015.

People told us they felt safe; however, we found the provider's recruitment process did not always ensure that

Summary of findings

staff who were recruited were of good character and suitable to work with people using the service. We also found that the systems in place to protect people from the risk of infection were not robust and some of the units were not cleaned effectively. By the end of our inspection the provider had taken remedial action to resolve all of these issues.

People and visitors told us they felt the home was caring. Staff were enthusiastic about working with the people living at the home. They were sensitive to people's individual needs treating them with dignity and respect, and developing caring and positive relationships with them. People were encouraged to maintain their family relationships.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage in activities away from the home environment.

People and their representatives had been involved in the planning and review of their care. Staff used the information contained in the person's care plan to ensure they were aware of people's needs. They knew the people they supported well and were responsive to their specific communication styles and knowledgeable about the types of activities they liked to do.

People were encouraged to build and retain independent living skills. Each person was allocated a keyworker who supported them to stay healthy and achieve the goals they had identified. People's bedrooms were individualised and reflected their personal preferences. They were complimentary about the food and were supported to have enough to eat and drink.

There were suitable systems in place to ensure the safe storage and administration of medicines throughout the home. All medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

Staff and the management team had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People and visitors told us they felt the service was well-led and were positive about the management team. The provider was proactive in promoting good practice, such as engagement through social media and the availability of an in-house confidential counselling service to support staff.

There were systems in place to monitor quality and safety, and the provider sought regular feedback from people in respect of their experiences and the service provided. The provider had assessed the health and environmental risks related to supporting people at the home. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence. There were suitable arrangements in place to deal with complaints.

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?

Requires improvement

The service was not always safe

There were enough staff to meet people's needs. However, recruiting practices did not always ensure that all appropriate checks were completed.

Systems in place to protect people from cross infection were not always effective and some areas had not been cleaned effectively.

People felt safe and staff had a good understanding of procedures for safeguarding people. The provider had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received the right medicines to meet their needs in a safe and appropriate way.

Is the service effective?

Good

The service was effective.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were involved in decisions about their care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People and their relatives were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

People were encouraged to build and retain independent living skills. Care plans set out how people should be supported to promote their independence.

People's bedrooms were individualised to reflect their preferences.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People were allocated a keyworker who supported them to stay healthy and to identify goals they wished to achieve.

Staff were responsive to people's needs and encouraged them to maintain friendships and important relationships. Care plans and activities were personalised or focussed on individual needs and preferences.

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The providers' values were clear and understood by staff. The management team adopted an open and inclusive style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

Ryde House

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.

The inspection was unannounced and was carried out on 3, 4 and 5 March 2015. The inspection team consisted of three inspectors and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge of working in the field of mental health and learning disabilities.

Before the inspection, 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We met with the 15 people staying at the home and four visitors. We observed care and support being delivered in communal areas of the home. We spoke with 20 members of the care staff, five unit managers, two deputy managers, the counsellor, the registered manager, the Chief Executive Officer (CEO) and one of the providers. We also spoke with a visiting health professional.

We looked at care plans and associated records for 17 people using the service, staff duty rota records, 10 staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in December 2013 and there were no concerns identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said they felt happy and safe because, "staff are nice". A relative told us, "This is the quietest my son has been for a long time, we are very happy to see him settled". We observed those people who were unable to tell us verbally about their experiences and they demonstrated that they felt safe, through their interactions with the staff and their willingness to engage with us as visitors.

However, we found the recruitment process, which was managed centrally through an electronic system, did not always ensure that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Three of the 10 recruitment files did not have a full employment history for the members of staff. The provider acknowledged the concerns and by the end of our inspection had ensured all of the recruitment files had been reviewed and updated. The provider also put in place a new recruitment process to ensure any issues were identified before the point of interview.

The systems in place across the service to protect people from the risk of infection were not always effective. The manager from each of the separate units carried out their own infection control risk assessments and audits. However we found on going practices did not always minimise the risk of cross-infection. It one unit we found the underneath of a commode seat was stained and dirty; there was mould around the sealant of a sink unit; and an old stained urine flask/bottle left in a person's bedroom area. In another unit we found uncovered foam had been fixed to the wall of a toilet to prevent injury. However, this could not be cleaned effectively and presented a risk of cross infection. We pointed these issues out to the unit managers and they were all resolved by the end of our inspection.

The provider had assessed the risks for each individual, these were recorded along with actions identified to mitigate those risks. They were written in enough detail to protect people from harm whilst promoting their independence. For example, one person had risk assessments and management plans in place in relation to their meals and eating. We saw staff following these guidelines, cutting up the person's food into small pieces, encouraging them to focus on their meal and staying with them throughout. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. In one unit where people were at risk of having an epileptic fit or they were known to be restless, monitoring alarms were used so staff were alerted and could offer support quickly.

There were enough staff available to meet people's needs. The manager told us that staffing levels were based on the needs of people using the service. Each of the five units maintained its own staffing structure to ensure they had sufficient staff to meet the specific needs of the people supported by that unit. Where people needed two to one or three to one support this was available to them. Additional staff were made available to support people attending activities away from the home. For example, extra staff had been allocated to support one person who had requested to go to Southsea for a birthday treat. Staff responded to people promptly and were able to support individuals continuously throughout the inspection.

There was a duty roster system, which detailed the planned cover for each unit, which was overseen centrally. This provided the opportunity for short term absences to be managed through the use of overtime or staff from one of the other units or locations operated by the provider. Cover was also provided by senior staff and management if staff needed assistance to take a break or carry out another task. Staff told us they worked with a number of people regularly rather than all of the people living in their unit. This aided consistency in their support and meant they were able to support people safely.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us that they had reported concerns in a previous employment and explained, "We have a duty of care". Another member of staff said they would have, "no hesitation in going higher, including reporting it to the CQC, if [any concerns] were not sorted out here". All of the safeguarding alerts over the previous 12 months had been

Requires improvement

Is the service safe?

investigated and where appropriate remedial action put in place to mitigate further risk. The provider had also ensured that safeguarding incidences were notified to the appropriate authority within a timely manner.

There were suitable systems in place to ensure the safe storage and administration of medicines throughout the service. All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to ensure their practice was safe. The care records for several people showed that they had a specific medical condition which meant they may need emergency medicine to ensure their safety. Staff told us they had received the appropriate training to administer the prescribed medicine in an emergency and were aware of the policy and procedure to follow.

Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were logged onto an electronic system which enabled the registered manager and senior managers to monitor and review them to ensure that appropriate management plans were in place.

There were arrangements in place to deal with foreseeable emergencies. There was also a fire safety plan for the home. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

Good

Is the service effective?

Our findings

People and visitors told us they felt the service was effective and that staff understood their needs and had the skills to meet them. They told us that staff asked them for their consent when they were supporting them. They said staff encouraged them to make decisions and supported their choices. Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests.

The registered manager, unit managers and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Where best interest decisions were made staff consulted with health professionals and family members before making the decision.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager told us that they had successfully applied for a DoLS authorisation for some people as they were subject to constant supervision at the home. These authorisations were monitored on a regular basis to ensure they were still relevant and necessary.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as fire safety, infection control, health & safety and control of substances hazardous to health (COSHH) training. Staff had access to other training focussed on the specific needs of people using the service. For example, epilepsy awareness, de-escalation training to support people with behaviour that challenged, autism awareness and Makaton training which is a communication tool using signs and symbols. One member of staff said "If I need any training I just ask and they arrange it for you". Staff were able to demonstrate an understanding of the training they had received and how to apply it. People told us that staff had the skills to meet their needs

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff also had access to an on-site confidential counselling service. The provider told us they had set the service up to support staff following a bereavement at the home. The counsellor told us staff also found it useful to talk about their interactions with some of the people using the service who demonstrated behaviour that challenged them as they tried to support them. Staff said they felt supported by the management and senior staff. There was an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. They were complimentary about the food and told us they could eat what they liked. One person said the food was "good". Meals were appropriately spaced and flexible to meet people's needs. People were regularly offered snacks such as fruit. At mealtime people were offered an alternative if they did not want what was on the menu. Staff told us that menus were discussed on an individual basis and they had pictorial menus available to help people make choices. People were provided with the opportunity to engage in food and drink preparation. We observed a member of staff supporting a person who wanted to do some baking. When they finished they were happy to show us what they had achieved. We also saw people being supported in the kitchen area to make themselves a cup of coffee. Staff who prepare people's food were aware of their likes and dislikes, allergies and preferences.

People were supported to maintain good health and had access to appropriate healthcare services. People had had an annual health review within previous 12 months. Their records showed they attended regular appointments to be

Good

Is the service effective?

seen by health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One relative told us, "They are very good with [my relative's] health needs. [My relative] always sees the GP when needed. I can't fault it".

Good

Is the service caring?

Our findings

People and visitors told us they felt the staff were caring. One person said they liked all of the staff because they liked “their enthusiasm” and added “Ryde House is my favourite house ever”. Another person told us "The staff are my favourite people, they are good to me, lovely people". A visitor said "We can see by their demeanour how well [my family member] is cared for”. Another visitor told us they thought their relative was supported in a “caring environment” and that they were “impressed with the service”. They said staff knew their relative well, understood their behavioural needs and as a result their relative was “content and happy”.

Staff developed caring and positive relationships with people and treated them with dignity and respect. They were sensitive to people’s individual needs and stressors. One person told us they “get upset” sometimes and staff “calm me down”. They gave examples of what staff said to help them. They said that “staff encourage you and relax you” and “I have a good life”. Staff treated people affectionately, recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen.

When assisting with meals or drinks staff supported people in a way that maintained their dignity and engaged with the person in the activity. Staff were positive about working with people and told us they enjoyed their work. Staff responded in a caring way to difficult situations. For example, when a person became agitated, we saw staff sitting with them and talking with them in a way which helped them to calm down. When another person became upset staff spoke reassuringly to them and used appropriate touch to comfort them.

People, and when appropriate their families, were involved in developing their care plans, which were centred on the person as an individual. We saw that people’s preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to brush my teeth before I get in the shower." Each person had a communication support plan which detailed their own way of communicating and how staff should support them in this.

Staff knew the people they were supporting and were able to tell us about people’s life histories, their interests and their preferences. People were encouraged to build and retain their independent living skills; for example, some people went to college to learn life skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, several people were being supported to contribute to making snacks, clearing away cups or laying the tables for lunch.

Staff understood the importance of respecting people’s choice, privacy and dignity. We observed that personal care was provided in a discreet and private way. Staff knocked on people’s doors and waited before entering. People at the home were able to choose where and how they spent their time. One person was assisting in the kitchen and told us they had chosen what to do that morning and had been “chilling”.

A health professional told us that the staff took an individual approach to meeting people’s needs. They added staff showed a good understanding of individuals and were consistent in their approach.

People’s bedrooms were individualised and reflected people’s preferences. People were able to choose the colour of their rooms and decide how their rooms were decorated. The bedrooms were personalised with photographs, pictures and other possessions of the person’s choosing. One person’s bedroom did not contain any ornaments or possessions. Their care plan showed that this met their wishes as they did not like ‘things’ around them and they became very agitated and upset if their routine was disrupted. In communal areas of the each of the units there were pictures of people using the service and other items on display. In one unit items such as the television were situated behind a plastic screen. Staff explained the screen was to protect people using that unit who displayed behaviour that challenged while making the room as homely as possible.

Good

Is the service responsive?

Our findings

People and visitors told us staff were responsive to their needs. One visitor told us their relative's needs "were well met" and their relative was able to do what they wanted to do. Another visitor said they were confident in the staff. They told us they thought the staff were "committed professional and interested" in the people they worked with.

Relatives were asked their views about the care and support their family members received. People and their representatives were involved in assessments and care planning. For example, we saw a plan and timetable that had been drawn up with a person and their family to enable a smooth transition from their family home and college to live permanently at the home.

Staff were responsive to people's communication styles. Staff gave people information and choices in ways that they could understand. Staff used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had an allocated keyworker, whose role was to support that person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. Each of the key workers carried out a monthly review with the person of their needs, their progress towards any goals identified and to seek the person's views about their support. One person confirmed they had a keyworker and they talked about "how things were going".

People were involved in decisions about their care and support, which reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. Where people had been assessed as having many support needs we saw a group of core staff had been identified to work regularly with them. Staff knew when and how often they would support someone. This helped people get to know the staff and have a consistency in their care and support.

Staff were knowledgeable about people's right to choice and the types of activities people liked to do, and knew what activities they would likely choose. People had access to activities that were important to them. Staffing levels meant that staff were able to respond to individual recreational needs. These included visiting local places and parks, sensory showers, going for walk and attending day services. One person told us they were happy with the level of activities they were offered and said, "Staff take me to town, I love the shops, we can get a coffee".

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. One visitor told us that they were able to use a small lounge and they could talk with their relative in private. They added staff always ensured they had refreshments and privacy. Another family said were able to spend time with their son on a local beach; one member of staff accompanied them for support. Relatives confirmed that the home supported their relatives to maintain the relationship.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints, if they were dissatisfied with the service provided at the home. The home arranged regular house meetings to give people an opportunity to express their views about the service. For example, in a recent meeting we noted that the menu had been discussed, with people expressing their choices about what food they would like to eat. We saw that these preferences had been incorporated into the menu. Staff told us how people were involved in weekly food shopping. Where people were unable to express their views verbally, staff used other indicators to assess their views such as their body language and behaviour. The provider asked people and their relatives to complete annual satisfaction surveys. The registered manager analysed the responses to these and used the information to help with developing an improvement plan.

There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. The provider was able explain the action they took to investigate and respond to complaints. For

Good

Is the service responsive?

example, people and their relatives had complained over the state of the driveway leading to the home. Following their investigation, the provider had arranged for a weekly inspection to be carried out by the maintenance team and any holes immediately filled.

Good

Is the service well-led?

Our findings

People and visitors told us they felt the service was well-led. A health professional told us there was good communication with the registered manager and staff followed their guidance.

There was a clear management structure with a registered manager, unit managers, chief executive officer, directors and administration staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. The provider produced a monthly staff newsletter for staff to help ensure they were kept up to date with what had been happening within the service. For example, the availability of a confidential counselling service; and the development of 'Willow Village' which was an area where people could engage in activities such as gardening, an up-cycling project, which is the creative re-use of unwanted items and 'arts and craft'.

The provider had also taken advantage of social media through the creation of a group social media page. The page had four moderators, including people who used the service. The provider told us they used the social media page to promote the values and culture of the service and engage with staff, people, their families and friends about the service, events and activities.

The provider's vision and values were set out in the 'service user's guide'. There were posters reinforcing the provider's expectations with regard to people's experiences of the care displayed in the home. There was the potential for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities such as house meetings and the annual feedback survey. Access to social media also provided an opportunity to engage with staff, people, their families and friends about the service and elicit ideas for continually improving the service. The provider told us their focus was on staff retention and their aspiration was to create an environment where people were given every opportunity to achieve what they wanted.

Staff across the service were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the potential for the management team to engage with staff and reinforce the provider's value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member said, "We are encouraged to discuss any issues and the managers listen." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed

The provider had a number of suitable arrangements to support unit managers, for example monthly meetings and one to one supervisions with their line managers. The provider's policies on equality, dignity, respect and encouraging people to be as independent as possible. We found the principles outlined in the policy documents were reflected in the behaviour of staff.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment. These included regular audits of medicines management, staff records, environmental health and safety, and fire safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines and the fridge and freezer temperatures. As well as the monthly, weekly and daily audits carried out by the unit managers, the provider carried out a quality assurance process of each unit twice a year. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.