Mrs Jennifer Khan

Ridley Community Project

Inspection report

49 Ridley Close
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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

About the service
Ridley Community Project is a care home registered to accommodate and support up to three people with mental health needs and learning disabilities. At the time of the inspection, three people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service
The service could show how they met the principles of right support, right care, right culture. People led confident, inclusive and empowered lives where they were in control and could focus on areas of importance to them. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred with a view of individual development.

Risks were identified and were assessed to ensure people received safe care. Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections and learn from lessons following accidents and incidents.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had choices during mealtimes and had access to healthcare services.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. People participated in activities to support them to develop and maintain relationships to avoid social isolation. Systems were in place to manage complaints and peoples communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement. Feedback was sought from people and staff and this was used to make improvements to the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (Published 9 August 2019).

Why we inspected
This was a planned inspection based on the previous rating. We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Ridley Community Project

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Ridley Community Project is a care home providing care and support to people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager who was a Director of the provider organisation. 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.

Notice of inspection
We announced the inspection on the day of the inspection, prior to our arrival. This was because it is a small home and we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.
During the inspection, we spoke with three people who lived at the home, the registered manager and a care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed two care plans, which included risk assessments. We looked at other documents such as medicine management and infection control.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, pre-employment checks for two staff and a range of policies.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risk and control measures to minimise the risk. There were risk assessments in place for nutrition, substance misuse and fire safety.
- We observed the risk assessments were being complied with to ensure people were safe and in good health. Staff had a good degree of understanding of people's needs and were aware of risks to people.
- Premises safety checks had been completed such as on gas, fire and electrical safety to ensure the premises was safe to live in.

Using medicines safely
- Medicines were being managed safely.
- Medicine Administration Records (MAR) showed that medicines were administered as prescribed. A person told us, "Yes, I am given medicines on time."
- Balances of medicines were recorded after medicines had been administered. We counted the outstanding medicines left against the MAR and found the balance was accurate.
- We observed that staff gave people their medicines safely, asking for the person's consent and ensuring the person took their medicine safely. Once the medicine was administered, this was recorded on the MAR.
- Staff had been trained in medicines management and had received a competency assessment to check their understanding of medicine.
- The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensure that people's medicines were reviewed by prescribers in line with these principles.

Learning lessons when things go wrong
- There was a system to learn lessons following incidents.
- The registered manager was aware of how to manage accidents and incidents and told us these would always be investigated and analysed to learn from lessons to minimise the risk of re-occurrence.
- An accidents and incident policy was in place and we were shown a template that would be used to record accident and incidents.

Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse. A person told us, "Yes, I feel safe here." Another person commented, "Yeah, I do feel safe."

● We observed that people were comfortable in their home and had a good relationship with staff and the registered manager.
● There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to safeguard people from harm. A safeguarding and whistleblowing policy was in place.

Staffing and recruitment
● There were enough staff to support people safely. A staff member told us, "We have enough staff." We observed staff were available when people wanted them and they responded to people's requests promptly. Staff spent time with people engaging in personal conversations and activities and knew people well.
● Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- Staff had been trained and supported to perform their roles effectively.
- Staff had completed essential training and refresher courses to perform their roles effectively. A training matrix was in place, which ensured the registered manager had oversight of training and when refreshers were due. A staff member told us, "We get good training here. It is very helpful for our work."
- Regular supervisions and appraisals had been carried out. These focused on objectives, performance and training and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is a very good manager. Best manager I have ever seen."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Systems were in place to assess people's needs and choices.
- Regular reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People were included as part of these reviews and decisions to ensure they received the care they wanted. A person told us, "Yes, I have choices here."
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink and supported to maintain a balanced diet.
- People were involved in choosing their food and planning their meals. A person told us, "The food is nice. I have choices here." A staff member told us, "They tell us what they want so we make this for them. Everyday they have different food. We also do takeaway, if they want this."
- Care plans included the level of support people required with meals or drinks and their likes and dislikes. People's weights were also monitored to ensure they were in good health.
- We observed that people were able to eat together and were supported by staff when needed. One person told us, "The food is great" while they were having their lunch. We also observed that staff regularly offered and reminded people to drink water as the weather was hot during the time of the inspection.

Supporting people to live healthier lives, access healthcare services and support
- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns

about a person's health. Staff knew when people were not well and what action to take.
● Records showed that people had been supported to access a number health of services and had annual health reviews to ensure they were in good health.
● People also had access to dental services. An oral health care plan was in place on how to support people with oral health. Staff had also been trained on oral healthcare.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● Systems were in place to obtain consent from people to provide care and support.
● Staff had received training on the MCA and were aware of the principles of the act. DoLs applications had been made for people whose liberty was being deprived to ensure their safety.
● Staff told us that they always requested people's consent before doing any tasks. We observed that staff asked for people's consent before supporting them, such as with medicines. A staff member told us, "I will ask for consent before doing anything."

Adapting service, design, decoration to meet people's needs
●The home was adapted and designed to meet peoples needs.
● People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs were being met.
● There was a communal and dining area for people to spend time with each other and staff. We observed that people were able to go out on the garden area for fresh air. We saw that people felt at home and had a good rapport with each other and staff. The home was an ordinary house located in a residential area with access to shops and community services, in line with the principles of right support, right care, right culture.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A person told us, "They (staff) are friendly and kind." We observed that there was a friendly and positive atmosphere at the home and staff were kind to people.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.
- People's religious beliefs, interests and preferences were included in care plans. People were able to visit their place of worship if they wanted to and the registered manager informed us representatives of a religious organisation visited people at their home.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "People have choices and they are always involved in decisions like going out to shopping or about their care."
- We observed that people had choices with meals and activities. This was reflected in their care plans, which included their preferences and how they wanted to be supported. Monthly reviews took place with people to ensure people were happy with their care and if they wanted further support. People were empowered to feedback on their care and support during these reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that people were able to spend time in their room without being disturbed. We did not see anything that would have impacted on a person's dignity negatively.
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when supporting with personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on tasks people completed independently. We observed people carried out tasks independently such as setting up the table for lunch and vacuuming and tidying up their home. A staff member told us, "People are quite independent. We have to prompt mainly."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person centred and included information on how to support people. People were involved with planning their care and this was reviewed monthly to ensure people received personalised support. A staff member told us, "The care plans and risk assessments are helpful."
- Care plans included information on people's background history such as their upbringing and family. People's daily routines were also included to ensure staff were aware of how people liked to live their life.
- We observed that staff regularly spent time with people engaging in conversation and asking if they were ok.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. A staff member told us, "We do exercises, walking, doing Zumba. They go outside, we go for appointments. We go to parks and local shops."
- People were able to meet and maintain contact with family and friends either through face time, telephone calls or going outside to cafes or parks. The home also arranged outdoor activities and was planning to go to the seaside with residents of another care home owned by the provider.
- Care plans included people's interests and what they enjoyed doing. People enjoyed gardening and we saw a number of vegetables in the garden that had been planted and maintained by people. The vegetables were used to cook meals. A person who enjoyed gardening told us, "I do the gardening. I am building allotments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. We observed that staff knew people well and communicated with them in a way that was respectful and met their communication needs.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure and this was displayed in the communal room. We were told that no complaints had been received since the last inspection.
● The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support
● The home did not support people with end of life care. However, people preferences with end of life care and funeral were recorded in their care plans to ensure their needs could be met.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
- Quality assurance systems were in place to ensure there was a culture of continuous improvement.
- Monthly audits were carried out on all aspects of the services, which included care plans, risk assessments, staff files and medicines. Shortfalls were identified and prompt action taken to ensure people received safe and personalised care.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans and risk assessments to facilitate them in providing care to people the way they preferred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's cultural and religious beliefs were recorded and staff were aware of how to support people considering their equality characteristics.
- The management team told us they also obtained feedback from staff and people about the service through surveys. Records confirmed this and the result of the surveys were positive.
- Resident's meetings were also held and records of minutes showed that people discussed symptoms of COVID19 symptoms and what to do, vaccinations and activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The provider and registered manager were aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The management team were clear about their role and understood risks and regulatory requirements. They told us once staff were employed, training and induction would ensure staff were clear about their roles and regulatory requirements to deliver quality in their performance.
- Staff were clear about their roles and were positive about the management of the service. One staff

member told us, "I have been here 10 years. It is a very nice place to work. The management is very good and helpful."

● People were positive about the service. A person told us, "I am happy here." Another person commented, "I like it here. [Registered manager] is a good person."

Working in partnership with others:

● The service worked in partnership with professionals to ensure people were in good health.

● The registered manager told us that the home was trialling a new initiative, which included working with the GP remotely that would make access to healthcare services for people easier and their health could be checked regularly. We also saw records that showed people had access to a number of health services to ensure they were in the best of health.

● We saw a compliment from a professional, this included, "On every occasion (yearly) that I have visited I have had no issues as everything is carried out to a very high standard. I am very impressed with the way the care homes are managed including the cleanliness, standards of services, how all staff are trained, condition and organisation of the homes and how much time and dedication staff give to all the residents."