

Midland Heart Limited

Ridgemoor

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 |  |

Overall summary

The inspection took place on 23 October 2015 and was unannounced.

Ridgemoor Road is a care home for people with learning disabilities providing accommodation and personal care for up to eight adults. Care was provided in two bungalows separated by a small parking area and connected by a path.

There was a registered manager in place at the time of the 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.'

People were protected from danger, harm and abuse because staff had received training and were able to identify and report any concerns. Systems were in place

Summary of findings

for the safe administration of medication. Risks were appropriately assessed and managed. Staffing levels were based on the needs of people and were being reviewed at the time of our inspection.

People were involved in planning their own care and staff understood how to support them. Staff treated people with kindness and compassion and spoke in a way that demonstrated respect.

People were supported to make their own choices about their home, care and support. When people were assessed as not having the capacity to make certain decisions about their care staff ensured that decisions were made in their best interests to protect their human rights. People took part in hobbies and interests in and

outside of the bungalows and were able to pursue individual interests. People were supported to access appropriate healthcare and were supported to eat and drink sufficient amounts to maintain wellbeing.

People and families were encouraged to give their opinions about the care that they or their relatives receive. The registered manager and staff had an open, honest and positive culture. Staff were supported by the registered manager and team leader and received regular one-to-one support. Staff had access to training and time is allocated for staff to update their skills. Systems were in place to monitor the quality of the care provided and improvements were made when necessary.

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?

The service was safe.

People felt safe because they were supported by enough staff who knew how to recognise and report any concerns they may have about people's safety. Staff were recruited in way that offered protection to people using the service. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had the skills and training to support people's needs and human rights in respect of their care. Staff respected people's right to make their own decisions and supported them to do so. People were supported to access healthcare and support from other professionals when needed. People were supported to eat and drink sufficient amounts to maintain wellbeing.

Good



Is the service caring?

The service was caring.

People were treated with respect and dignity and they were encouraged to maintain their independence. Staff supported people to be involved in their own care by giving them information in a way they understood.

Good



Is the service responsive?

The service was responsive.

People, and when needed, their families and advocates were involved in the planning of care. People were encouraged to take part in activities and interests that were personal to them. Staff responded appropriately to people's changing needs. People and relatives felt that they were listened to by the staff and the management team. People were encouraged to maintain contact with families and those that mattered to them.

Good



Is the service well-led?

The service was well led.

The management team promoted an open culture amongst staff and made information available to them to raise a concern or whistle blow. We saw systems were in place which enabled the provider to monitor the quality of care that people received.

Good



Ridgemoor

Detailed findings

Background to this inspection

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

This inspection took place on 23 October 2015 and was unannounced.

The Inspection team consisted of one Inspector. Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us by law.

As part of our planning for the inspection we asked the local authority and health watch to share any information they had about the care provided by Ridgemoor. 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 observed staff supporting people throughout the two bungalows. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people using the service, four relatives, one advocate, four staff members, the team leader and the registered manager. We looked at care plans for two people, risk assessments, medication records and quality checks completed by the registered manager.

Is the service safe?

Our findings

People felt safe living in the bungalows. One person said, “I’m safe, everything’s alright”. Staff showed us that they had a good understanding of the different types of abuse and what action they would take to prevent and respond to abuse. Staff knew how to raise concerns within and outside of the organisation. They were clear about their responsibilities and knew where policies and procedures for safeguarding and risk management were located to use for guidance. The registered manager showed us records of safeguarding incidents raised and the action that they had taken to prevent reoccurrence. We could see that there were clear systems in place for staff and the registered manager to follow to keep people safe.

Staff were aware of risks associated with people’s care and knew what support they needed in order to keep them safe. A relative told us they discussed with the registered manager changes in relative’s needs and things which might affect their safety and welfare. They told us that on their next visit staff had acted on what they suggested. They said, “We’re over the moon at how proactive staff and the registered manager had been to ensure [relative] was safe”.

One staff member told us, “In order to encourage independence and mobility you have to assist someone to take acceptable risks. We are not here to prevent people from doing things but we are here to help them do it safely”. All aspects of people’s care had been appropriately assessed and plans were in place to minimise risks to the person, such as eating and drinking, medication and mobility. We could see that staff had received appropriate training in order for them to complete their role safely. Staff knew how to report accidents and incidents and we were shown records where such events had been reported. The registered manager told us that such incidents were reported to their organisation’s health and safety representative who was responsible for advising them on how to maintain a safe environment. We saw records of advice given by the health and safety representative and could see that the registered manager had acted on the advice. Staff were able to tell us recent updates to risk assessments and how they had made changes to keep people safe.

One person said, “There are enough staff so I can go out whenever I want”. Another person told us there were enough staff about to make sure people were happy and well but could do with more to help people to take part in more activities outside of the home. Staff we spoke with said there were enough staff for day to day activities but they needed more so they could go out more with people. The registered manager told us that at the time of the inspection they were undergoing a trial period where they used staff from one bungalow to provide additional support in the other. They told us this was to identify if they needed to request additional funding for extra staff to keep people safe following consultation with the local authority. They recognised that spontaneous activities outside of the home would be limited during this two week period. The registered manager told us emphasis was placed on staff to engage people in the bungalows at time it was not possible to go out. We saw people engaged in craft and leisure activities as well as house work during our inspection. We saw that there were enough staff to meet the needs of people and to assist with activities in the home.

We saw records which confirmed appropriate checks were completed on new staff members prior to them starting work to ensure that they were safe to work with people. Staff told us that they had provided references and had checks with the Disclosure and Barring Service (DBS).

We looked at how the provider supported people with their medication. One person told us, “I can say no if I don’t want my tablets, they [staff] always talk to me about my tablets”. There were systems in place to safely administer medication and staff were aware of how to report any errors or concerns associated with people’s medication. Staff told us they always tell the person what medication they were taking. We saw staff talking to people as they were helped with their medication and informing them what medication they had. Staff told us they were trained in the safe administration of medication and only after they had been assessed as competent were they allowed to give medication. We observed staff completing necessary safety checks when administering medication. We saw records where the registered manager had contacted the GP to confirm safe ways to administer medication for those who had difficulty taking their medication and to ensure their human rights were respected.

Is the service effective?

Our findings

Relatives told us staff knew how to support their family members and they thought the staff team was skilled and trained to meet people's needs. One relative told us that their family member was very reliant upon staff to meet their needs. They told us that staff did this brilliantly and were happy with the care they received. Staff told us they received regular training. One staff member said, "I can always ask for training if I feel that I am struggling to understand or do something". We saw that training had been arranged after staff said that they were experiencing difficulty with a piece of equipment. We saw links had been developed with specialist services that provided specific guidance and support for people and the staff assisting them. For example, a local Hospice had been engaged by the provider to advise and assist in the future planning of care.

Staff told us they felt supported by the management team and they were able to openly seek advice and support when they need. One staff member said they were always able to talk to someone if they needed and this was very supportive. Staff told us that when starting employment in the bungalows they undertook an induction period where they were able to observe and assist a more experienced staff member. One staff member said, "The induction period gives you the opportunity to get to know the person first, the care plans give you a very clear picture but you need the time to sit, talk and understand someone which we had".

People's choices and decisions were promoted and respected. One person told us "I pick what I want". Where people could not make their own decisions about something independently, the process was clearly documented to protect the person's human rights and guide staff. Advocates, external to the provider, were available to assist in this process to provide independent support to people so decisions were made in the person's best interests. One staff member said, "You always assume the person has capacity to make decisions for themselves but when they cannot you have to look at what is in their best interest". We saw records which confirmed that the correct process had been followed when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS.

We saw staff offered choice and clearly explained what they were doing. We saw people making decisions and communicating to staff who understood and responded to them appropriately. We saw staff using a number of different ways to communicate with people that were personal to them including pictures and hand gestures.

We saw people were supported to have enough to eat and drink. Staff we spoke with had an understanding of each person's dietary needs and their preferences. Care and support plans showed that people had an assessment to identify what food and drink they liked to eat and what they needed to keep them well. A staff member told us "you always offer choice including trying to promote healthy eating alternatives. Ultimately it was their decision and as long as there is no health problems people can have what they want".

Staff told us they helped people to eat when they wanted and we saw that meals were served at times when people were ready. Risks associated with eating, drinking and diet were clearly assessed and staff had clear information on how to support people.

One person told us, "I always go out to see the doctor". A staff member said, "Medical appointments were always prioritised so that they were never missed". At the time of our inspection one person was attending the doctor's surgery for a pre-arranged appointment.

Is the service effective?

One relative said, “They [staff] are so proactive with responding to health needs it was really reassuring, they

always keep me fully informed about any changes to [relatives] health”. Care and support plans showed that people received support from other health professionals when needed.

Is the service caring?

Our findings

All the people that we spoke with told us that staff treated them with kindness, respect and compassion. One person said, “They [staff] are quite nice; they help me when I need and leave me alone when I want”. We saw staff responding to people promptly and that they were attentive to people’s needs. When staff spoke with us about those they supported they did so with respect. Staff told us about people’s histories, likes and preferences which were reflected in the care plans we saw. For example staff told us what music, food and activities people enjoyed.

We saw people, families and advocates were involved in the planning of care and support. One person said, “I have seen my plan and can say what I want and don’t want”. One relative told us, “I feel that I am fully involved and can provide a voice for [relative] which was always listened to and respected”. We saw plans for the future care of people which accounted for additional care and involved the known wishes of the person, their family and the input of professionals who provided specialised guidance.

One person said, “When I need help it is always in my room or the bathroom and never where anyone can see”. Staff told us they promoted dignity by supporting people to do what they could for themselves and offering assistance when needed. We saw staff were aware of each person’s personal routine such as when they wanted to get up and go to bed and also allowed space for the person to have time to themselves. Staff said that people had choice in what they wanted to do, wear and eat. We saw staff made sure people understood them when they spoke with them and allowed time for the person to respond. We saw that when staff supported people they provided an explanation and reassurance to each person. Staff explained what they intended to do, checked the person was happy with this and then talked with the person throughout. Staff told us people were encouraged to maintain contact with families and friends. During our inspection family members were spending time with a relative and one person had recently returned from visiting their relative at their home. One relative said, “We can visit whenever we want, it is so nice being able to see [relative] at any time”.

Is the service responsive?

Our findings

People and those that mattered to them were involved in the planning of their care. One person said, “They talk to me about what I want and go through my plans with me”. One staff member said, “You sit with the person and talk about their care with them. However; when this is not possible you talk to family and advocates to try and get the best picture of the person you are supporting”. One relative told us, “Whenever I have a suggestion it is immediately acted on, I am always consulted on any care plans for [relative] and fully informed about any unexpected changes”.

People’s care needs, wishes and preferences were known by staff supporting them and were personalised to them. Staff told us about people’s individual likes and dislikes and how they adapted activities to promote the wishes of the person. We saw that individual support plans had recently been reviewed and reflected each person’s needs and preferences. We saw that family members had been involved as part of the review.

A relative told us that they had not been involved in any recent reviews of care for their relative. They went on to say, “I am regularly updated on any changes, there was consistency with the staff and they know [relative] extremely well, they [staff member] was one of the best and

I am always fully informed that I don’t need to be involved in any formal reviews”. People and their relatives were fully informed about any changes and their views and opinions were encouraged.

One person told us they could go out any time they wanted. Staff said us that owing to the trial period they were unable to go out with people at times but there were plenty of activities that were done in the bungalows. We saw a number of social and craft activities taking place during our inspection. The registered manager told us that spontaneous activities were limited during this two week trial period but people’s usual activities still took place as arranged. People told us that they go out and eat locally, attend dances and music events in the local community centre and help with the shopping.

One person told us, “If I am worried about something I will always tell [staff] and they sort it”. A relative told us, “I know who to report any concerns to and [registered manager] will sort them out straight away. They [registered manager] will always provide me with feedback immediately about what they were doing. I have full confidence in them”. The registered manager showed us how they responded to any complaints or compliments. There was clear information on display throughout the bungalows on how to raise a concern, complaint or compliment. This information was available in different formats so that they were accessible to people living there.

Is the service well-led?

Our findings

People said they regularly saw the registered manager and they were aware of recent changes to the management team. People were happy with the way the bungalows were managed and felt they had input in how things were managed. People knew who the management team were and regularly saw them in the bungalows. One relative said, "I am able to make suggestions about how things can be changed and adapted to better meet people's needs which were always acted on". People we spoke with were confident that any suggestions that they made were acted on promptly by the registered manager.

Staff members told us that they were able to approach the registered manager at any time and make suggestions about the development of the service. People told us that access to the garden areas needed to be improved so it could be used more freely by those living there. The registered manager said that decisions about major adaptations can be hindered as these often involve discussions about funding which remain between the provider and the funding authorities. The registered manager was able to show us plans for the development of the service which included physical adaptations and included the suggestions of people and staff. These plans included adaptations and maintenance of the garden areas.

All the staff we spoke with told us they were well supported within the home by the management team and they could openly discuss anything they wanted. Staff members were aware of the relevant whistle blowing procedures and

indicated they would be prepared to raise any concern and felt supported to do so. Staff had regular one-to-one meetings and annual reviews of their performance. This helped to make sure that staff had the opportunity to raise any concerns and discuss their performance and development needs. Regular staff meetings were held to discuss practices, share ideas and any areas for development. Staff told us about recent discussions at staff meeting and how this had positively impact on their work. For example, recent changes to risk assessments had been made and discussed with staff so that people benefited by a consistent approach.

Incidents and accidents were appropriately reported. The registered manager reviewed any incidents to ensure proper action had been taken and sought assistance from the provider's health and safety representative. The registered manager told us how action was taken to minimise the risk of similar incidents happening again. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us.

There were established systems to assess the quality of the service provided in the home. These included a programme of quality checks undertaken to assess compliance with internal standards and actions required where needed. We saw regular quality checks had been undertaken on care plans, medication records and the environment. Flooring in one of the rooms was in poor condition and this was identified as part of the internal quality check. The registered manager showed us the action that they had taken to rectify this and had arranged for replacement flooring.