Mrs Jennifer Khan

Ridley Community Project

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

We inspected Ridley Community Project on 10 January 2017. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. At the last inspection on 7 and 14 October 2014 the service was rated as Good.

The Ridley Community Project is a care home providing personal care and support for up to three people with mental health needs. At the time of the inspection three people were using the service.

The experiences of people who lived at the service were positive. People told us they felt safe, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw people were able to choose what they ate and drank. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to health care professionals as appropriate.

There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Ridley Community Project

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.

We inspected Ridley Community Project on 10 January 2017. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection was carried out by one inspector. During our inspection we observed how the staff interacted with people who used the service and also looked at three people's bedrooms with their permission. We spoke with three people who lived at the service during the inspection. We spoke with the registered manager and one support worker. After the inspection we spoke with one support worker. We looked at three care files, staff duty rosters, a range of audits, minutes for various meetings, three medicines records, two staff supervision records, two finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "Yes, I feel safe. Staff around 24 hours a day so you feel safe."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us, "My role is to protect the person and immediately tell the manager." Another staff member told us, "I will tell and report to the manager. If manager did nothing I would go to the local authority and CQC." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their manager and other health and social care professionals if required.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The service had no safeguarding incidents since the last inspection. This meant the service reported safeguarding concerns appropriately so that the CQC was able to monitor safeguarding issues effectively.

People were protected against identified risks. The service had in place risk assessments which were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves and details of the support they required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. For example one risk assessment involved a person requiring support when using public transport in the community. The risk assessment detailed how staff were to support this person by planning travel at quieter times and the person having a mobile phone available if they needed to call the service for support. Risk assessments covered all aspects of people's lives such as medicines, physical health, washing and dressing, mobility, travelling in the community, nutrition and finances.

The provider had processes in place to ensure people's finances were kept safe. Financial records of the people using the service did not show any discrepancies. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked regularly and we saw records of this. The registered manager told us and we saw records that an audit of finances was completed regularly. This minimised the chances of financial abuse occurring.

People had their medicines managed safely and as prescribed. People had their medicines recorded on medicine administration records (MAR). We checked people's MARs and found these were complete and accurate. Medicines administered followed the prescriber's instructions. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed. Medicines were audited regularly to ensure any errors were identified swiftly and appropriate action taken to mitigate the errors. One person told us, "They [staff] provide medication. I go downstairs for it and they [staff] sign the MAR sheet." There were processes in place for the safe

administration, ordering, and disposal of medicines.

At the last inspection we looked at staff recruitment and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. The registered manager told us no new staff had been recruited to the service since our last inspection.

Sufficient staff were available to support people. People told us there was enough staff available to provide support when they needed it. One person said, "I think enough staff." Staff told us they were able to provide the support people needed. One staff member told us, "Enough staff. There is always someone to cover you." Another staff member said, "We always have enough staff. The provider has lots of staff to cover. People are very independent so we can manage." The registered manager told us the service had never used agency staff. Staff rotas and our observations during the inspection showed there was sufficient staff on duty.

The premises, décor and furnishings were maintained to a good standard. The service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, fire system and equipment tests, gas safety, portable appliance testing, and electrical checks. The systems were robust, thorough and effective.

Good

Is the service effective?

Our findings

People told us the staff were very good and supported them well. One person said, "They are alright the staff."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions in a classroom environment and e-learning. Training included infection control, assessing people's needs, medicines, consent, safeguarding, food hygiene, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff also received training specific to the needs of the people they were caring for which included ageing and mental health. One staff member said, "We have online training and they send us to the local authority for training. The training is very good for me. It helps me know everything."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "We get supervision. The formal one is every three months." The same staff member said, "I discuss about my positives and negatives, and where I need to improve. [Registered manager] listens to me." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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 registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All the people living at the service had been assessed as having capacity. We heard staff offering people choices and gaining consent from them throughout the day. We saw that people could access all shared areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge, and kitchen. We also saw people going out during the inspection. People told us they were not restricted leaving the service. One person told us, "I can go out to the shop. Never been restricted. We go to bed when we want." This meant that people could have the independence and freedom to choose what they did and where they went safely, and with as little restriction on their liberty as possible.

People's dietary needs and preferences were discussed with them. Menus were developed with input from people living at the service. Staff encouraged people to eat a healthy balanced diet, and recorded peoples food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Some people had very specific dietary requirements. For example, one person had been identified as overweight and we saw in the records that staff were supporting this person with a healthy diet and an exercise plan. People told us they enjoyed the food provided by the service. One person told us, "The food is alright. Fruit available." Another person said, "The food is very nice and I enjoy it."

People had their health care needs met to support their physical, mental and psychological wellbeing which was demonstrated by the range of appointments we saw in people's care files. One person told us, "We go the GP and make our own appointments. I see the nurse once a month for my injections." Another person said, "I've seen the doctor." A third person told us, "Sometimes I go on my own to the surgery and dentist."

Good

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided at the home. They also said staff were always kind and caring. One person said, "They [staff] are quite caring." The same person told us, "Just a few people living here. I like the quietness and it's relaxing." Another person told us, "I like living here."

We observed care being provided and saw people being treated with kindness and compassion. For example, we saw the registered manager showing people photographs on her electronic tablet. People were laughing and enjoying the interaction. Another example, we overheard a staff member asking a person if they had their breakfast yet.

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences and these details were reflected in care plans that we looked at. One staff member told us, "All the residents are nice. I feel comfortable working there." One person said, "[Staff member] is my key worker. She sorts out if any problems." The registered manager told us, "This is their own home."

People's privacy and dignity was respected. Staff told us they knocked on people's doors before entering their rooms and we saw this during the inspection. One staff member told us, "We respect privacy. We will knock and ask permission. If they want privacy we don't disturb them." One person said, "They [staff] don't just come into your room."

People were supported to live as independently as possible, as the home's aim was to encourage and support people to live independently in the community. One staff member told us, "We supervise them with cleaning and that helps them be independent. Staff and residents do cooking. We do cooking sessions." Staff were available in the communal areas of the home to support people when they wished.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "It shouldn't be any different. Why would they be treated any different?" One staff member said, "It should be the same [support provided] as other residents." Another staff member told us, "We treat them equal like others."

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home and arrangements were made to support them to visit friends and relatives if they chose. Relatives were encouraged to visit people at the service. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished.

We looked at people's bedrooms with their permission. The rooms were personalised with personal

possessions and were decorated to their personal taste, for example with family photographs and stuffed toys.

Good

Is the service responsive?

Our findings

People told us they were happy living at the service and they had been involved in planning their own support and had discussed their support plans.

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section called 'Life History Book.' This covered the person's childhood history, hobbies and interests, favourite things, spiritual beliefs and important places that matter for the person. There was a wide variety of guidelines regarding how people wished to receive care and support included living arrangements, personal care, mental health, physical health, social and leisure pursuits, money management, communication, and medication. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their keyworker and the registered manager. Records confirmed this.

Staff told us care plans were reviewed every six months. These reviews were all signed by the person and a staff member. People told us they were happy with their care plans and their involvement in their care. One person said, "The care plan is downstairs and I sign it." Another person told us, "I've got a care plan. We write the care plan." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection we saw people going out for appointments, reading and doing word puzzles. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I do puzzles, watching TV, and read magazines. I go to [day centre] three days a week." Another person told us, "I go to the allotment every Tuesday for gardening and a walk." A third person said, "I've been on holiday to Cornwall and Scotland with the other [people who used the service]." Each person had a weekly activities planner in their room and activities were recorded in people's daily notes. Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected.

Meetings were held with people who used the service and we saw records of these meetings. Topics included day trips, holidays, food menu, people's life histories books, security and safety, activities, care plans and a discussion about a staff member who had passed away. One person told us, "We have a meeting sometimes. They [staff] ask if we have any problems." Another person said, "Sometimes we have a meeting."

There was a complaints process available and this was on display in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt

with quickly. There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. The registered manager told us there had been no formal complaints since the last inspection. One person told us, "I would go to [registered manager]." Another person said, "Complain to [registered manager]." A third person told us, "I would complain to the staff.

Good

Is the service well-led?

Our findings

People told us that they liked the home and they thought that it was well-led. One person said about the registered manager, "She is excellent. She is very good. If you go to her with a problem she will sort it out." Another person said, "She [registered manager] is caring." A third person told us, "She's [registered manager] alright."

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.

There was a registered manager in post. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "She [registered manager] is very kind. That is her nature. She is very supportive. She is very good to them [people who used the service], like a friend." Another staff member said, "She [registered manager] is very nice. Never had a manager like her. Very helpful and supportive. She is the best."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on nutrition and hydration, staff handover, report writing, equality and diversity, care plans, key working and medicines. One staff member told us, "The staff meeting happens every one to three months. We talk about the care of the clients and the manager will tell us new things."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a monthly audit. The audit included checking the premises, medicines, health and safety, fire safety, infection control, food and nutrition, care plans and risk assessments, training and supervision. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the latest audit had identified that portable appliances were due to be tested. Records showed that an engineer had been booked and the testing was now completed. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of regular surveys to people who used the service, their family members, health and social care professionals and staff. Surveys for people who used the service included questions about food, personal care and support, daily living, premises and management. We viewed completed surveys which contained positive feedback. The service produced a report that analysed the surveys of people and any recommendations and actions. Overall all the surveys for people who used the service, their family members, health and social care professionals and staff were positive. Comments from the health and social care professionals survey included, "The staff are very helpful and supportive to the client", and "excellent and neat environment."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.