

Right Support Management Limited

Ringstead 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

This unannounced inspection took place 29 September 2015. The service provides care and accommodation to four people with mental health difficulties. There were two people using the service at the time of our inspection.

The service had a registered manager who has been in post for several years. 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 last inspection of the service was on 2 May 2014. We found the service met all the regulations we looked at.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

There were not enough experienced staff on duty to safely meet the needs of people.

Care records showed that people had been given appropriate support and care. Safeguarding adults from

Summary of findings

abuse procedures were in place and staff understood how to safeguard the people they supported. Records showed that staff received training and support to do their jobs effectively.

People's individual needs had been assessed and their support planned and delivered in accordance to their wishes. People were involved in reviewing their support to ensure it was effective. Risks to people were assessed and management plan put in place to ensure that people were protected from risks associated with their support and care.

People received their medicines safely and were supported to maintain good health. The service worked effectively with other health and social care professionals including the community mental health team (CMHT) to meet the needs of people appropriately.

People's choices and decisions were respected. People consented to their care and support before it was delivered. The service understood their responsibility

under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that best interests' decisions were made for those who lacked the mental capacity to make such decisions; and people were not unlawfully deprived of their liberty.

People were provided with a choice of food, and were supported to eat when required.

People were encouraged to participate in their interests and develop new skills. People were encouraged to be as independent as possible.

The service held regular meetings with people to gather their views about the service provided and to consult with them about the care and support they received. People knew how to make a complaint if they were unhappy with the service.

The registered manager regularly checked the quality of service provided. Health and safety systems were well maintained. Records were up to date and kept securely.

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?

Some aspects of the service were not safe. Staffing levels were not adequate as there were not, experienced and sufficient staff on duty to safely meet people's needs.

The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff recognised signs of abuse and how to report them following their organisation's safeguarding procedures.

Medicines were handled and managed safely.

Requires improvement



Is the service effective?

The service was effective. Staff were trained and supported to meet their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The provider knew their responsibilities under the MCA and DoLS.

People were supported to eat a healthy diet and to receive the health care services they needed.

Good



Is the service caring?

The service was caring. People were treated with dignity and their privacy respected by staff.

People were involved in planning their care and support and their wishes respected. Staff understood people's needs and provided the support they required.

Good



Is the service responsive?

The service was responsive. The provider assessed people's individual needs and delivered support to meet their needs.

People were supported and encouraged to pursue their interests and develop new skills for daily living.

People were given the opportunity to raise concerns about the service and they were acted on.

Good



Is the service well-led?

The service was well led. The registered manager was open and approachable.

The registered manager regularly checked the quality of the service provided. Records were up to date and kept securely.

Good



Ringstead 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.

This inspection took place on 29 September 2015 and was unannounced.

The inspection was carried out by one inspector. We reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

During the inspection we spoke with the deputy manager, an apprentice (a candidate undertaking work experience at the service). We also spoke with another external learning support assistant from the local college who visits to support one person to develop their daily living skills. The two people living at the service declined speaking to us. We reviewed the care records of the people living at the service and their medicines administration records (MAR). We observed how the deputy manager supported and interacted with people. We looked at records in relation to the management of the service. We looked at feedback from one professional involved in the service. After the inspection, at our request, the registered manager sent us information in relation to the training and supervision of staff.

Is the service safe?

Our findings

There were not always suitable and experienced staff on duty to meet people's needs safely. When we arrived on site, there were no staff members employed by the service to support the two people using the service at the time of our inspection. We met an apprentice undergoing work experience and a learning support assistant from an external organisation who visited to support one person with specific activities at set times. The apprentice was new at the service and their role but had been left in-charge of the service when we arrived. They were unable to tell us what actions they would take in the event of an emergency. The deputy manager returned back to the service after the apprentice contacted them to say that we were inspecting the service. She explained that she had gone out briefly for an assessment and was available on the phone in case the student needed support. She also explained that they usually had two experienced staff members on duty during the day and one at night due to the needs of the people they looked after. We spoke to the deputy manager about the risk of leaving the apprentice in-charge of the service and including them as part of the rota. She agreed that they would review this and ensure it does not happen again.

People would not have been safely supported in the event of emergency due to the lack of experienced and sufficient staff on duty. We looked at the care plans of the people living at the service and saw that they could behave in a way that challenged staff. We were concerned that people were exposed to risk due to not having sufficient and experienced staff to support them appropriately. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager and apprentice we spoke with understood and were able to explain how they would recognise abuse in the people they supported. They also

knew the types of abuse and their role in reporting it appropriately to relevant authorities and if necessary to appropriate external agencies if they considered that adequate actions were not being taken to address their concerns. There had not been recent safeguarding allegations.

Care records showed that staff carried out risks assessments and management plans were put in place to reduce the risk of harm to people. Risk assessments covered people's mental, physical health and safety in the community. A behavioural psychologist had been involved to devise a management plan for one person whose behaviour challenged staff and others. The plan detailed the person's behavioural triggers and guidelines for staff to follow to reduce any risk. For example, regular one-to-one and stimulating activities with the person to engage them positively. Records showed that staff liaised effectively with professionals to manage any incidents and regularly review people's support plans to ensure they remained relevant and effective.

People's medicines were handled and managed safely. People received the support they required to take their medicines. We checked medicines administration records (MAR) for the person who was supported with their medicines. We saw that people received their medicines as required and medicines administered were correctly recorded. This meant that people had received their medicines as prescribed. Record was maintained for medicines received and medicines returned. People's medicines were stored securely.

Risk assessments in place covered various areas and activities in the home. Such as fire, electrical appliances, gas safety and smoking. Actions were put in place to alleviate any risks. The building was well maintained and health and safety systems were regularly serviced and tested to ensure they were functioning properly.

Is the service effective?

Our findings

Staff employed by the service had the training and supervision they required to effectively support people with their needs. Records showed that staff received relevant training for their roles. Staff received regular one to one supervision from their manager to discuss their work role. Notes of supervision meetings showed discussions about people using the service and how they work with their team. Staff were also appraised in their roles annually. This enabled staff deliver appropriate care and support to people that met their needs.

Records showed that people had consented to move to the service and to their care and support before they were delivered. We saw that people had agreed to their risk management plans. For example, one person had consented that their room be searched randomly from time to time to manage risk. People had signed behavioural contracts in place and a service contract which detailed the terms and conditions of the service. This showed that people knew and agreed to the care and support service they received.

The deputy manager understood their responsibility in relation to the MCA and DoLS.

They explained that if people lacked mental capacity to make a particular decision they would involve relevant professionals to carry out assessment. None of the people who used the service were subject to the DoLS at the time of our inspection.

The service provided food and drinks to people to meet their dietary needs. Staff supported people to shop for food items and prepare food of their choice. We saw that people had access to snacks, food and drinks during our inspection. People went into the kitchen to cook for themselves as they wished. Care plans recorded people's preferences in relation to eating a healthy balanced diet and their likes and dislikes.

People's day to day health needs were met. People were supported with their mental health needs and the service worked with the community mental health team (CMHT). Records showed that staff supported people to attend meetings and health appointments with health professionals. People were supported to see their GP when they felt unwell, if required. Feedback from a health professional confirmed that staff communicated and gave them feedback about people's conditions, progress and followed up on actions as required.

Is the service caring?

Our findings

People were treated with kindness and their dignity respected. Staff interacted with people in a warm and friendly way. We observed staff knock on people's doors before entering. The deputy manager and apprentice explained how they respected people's privacy and dignity. For example, they told us they ensured people's needs were not talked about inappropriately whilst maintaining confidentiality. They respected people's choices and showed consideration of their needs and situations. We heard them address people in the way they wanted by using their preferred names. The visiting learning support assistant we spoke with confirmed this by saying, "The staff are patient and truly listen to people."

Care records detailed people's histories and background, individual preferences, likes and dislikes so people's needs were appropriately met by staff. The deputy manager and apprentice understood these and how it affected people's choices and support. The deputy manager explained how people liked to receive their support and how they worked

with them to ensure they received assistance in the way they wished. They also showed they understood people's needs and what could cause them distress and knew how to avoid this. People and staff were familiar with each other and we heard staff asking them if they had any concerns and they supported them with these immediately.

People were involved in developing their support plans. Care records demonstrated that people were asked for their views on how they should be supported. Their views were taken into account when planning their care. One person had the support from their learning support assistant to enable them settle into the service appropriately. They were also supported to continue with the routine they had before they started living at the service. This was to reduce disruption to their day to day life and thereby reduce the risk of distress and relapse in their health.

People were able to keep in touch with people who were important to them and staff supported them with this. Family and friends were able to visit people at the service and take part in social activities provided at the service.

Is the service responsive?

Our findings

People's care and support were planned and delivered in a way that met their needs. The service carried out assessment of needs before people came to live at the service to ensure they could be sure they were able to meet the person's needs as required. Care assessment covered people's physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they want achieved.

Each person had a support plan which set how they would be supported by staff to achieve their goals and meet their needs. For example, one person's support plan detailed the support they received from staff to maintain their behaviour and another person was supported with managing their finance and budgeting. Support plans were reviewed regularly with the person and their keyworker (the staff member responsible for them) to ensure they continued to meet people's needs effectively. This ensured people's progress were monitored and prompt action taken where there were concerns. For example, a psychologist had been involved for one person due to concerns about their behaviour.

People were supported to do the things they enjoyed and to learn new skills. One person had an activities plan in place which set out their schedule weekly. They were supported by a support assistant from a local college to develop activities of daily living. They also attended the local college regularly. People went out as they wished to participate in community activities and events and use local facilities such as libraries, shops and parks. People were also able spend time on their own or do things with other people at home. For example, play games and watching TV. People were also encouraged to be as independent as possible. We saw people cooking for themselves and doing their laundry.

People's concerns and views were obtained and acted upon on. For example, activities they wanted to participate in. Meetings were held with people regularly to feedback about the service. People were able to feedback about their care, activities and food. One person's activity plan had been amended to reflect their views following their feedback. People told us they knew how to make a complaint. There was a complaints procedure in place. There had not been about complaint since the last inspection.

Is the service well-led?

Our findings

The service had clear leadership and operated in a manner that people felt involved, listened to and supported to achieve their goals. There was a registered manager who has managed the service for several years. Feedback received from a professional, the learning support assistant and the apprentice were complimentary of the service. They said the service was managed well. They said the registered manager was approachable and listened and took actions to make improvements to the service.

The service held regular team meetings with staff and minutes of these meetings showed there were discussions about how to improve the well-being of people, health and safety and developing effective partnership with other agencies. The service had links and worked closely with other agencies such as housing, benefits agency and local authorities to successfully move people to less supported accommodations. We saw testimonial from a local placement team commenting on how well the service had improved the lives of people and supported them to move on.

The registered manager reviewed accidents and incidents and actions were put in place to ensure risks were appropriately managed. For example, risk assessments were updated to prevent future occurrence. The registered manager reported all notifiable incidents to CQC as required by their registration.

Records were up to date and they were stored securely to ensure confidentiality. The deputy manager and apprentice told us that the registered manager regular checked of the quality of care provided by asking people for feedback. They also checked the quality of care plans and other records to ensure they were clear and accurate. There were working policies and procedures which guided staff on the process to follow to deliver safe and effective service in line with relevant legislations and standards. The service was audited annually by a professional external and independent to the service to carry out a review of the service delivered. They checked records, spoke to people about care they received and looked at the environment. The latest report had no actions or recommendations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of people. Regulation 18 (1).