

# New Beginnings (Gloucester) Ltd

## Ribston House

### Inspection report

210 Stroud Road  
Gloucester  
Gloucestershire  
GL1 5LA

Tel: 01452310916  
Website: [www.newbeginningsglos.co.uk](http://www.newbeginningsglos.co.uk)

Date of inspection visit:  
03 July 2017  
19 July 2017

Date of publication:  
08 September 2017

### 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

Ribston House is a residential care home for nine adults. People living at the home have a range of needs including learning disabilities. At the time of our inspection visit there were six people using the service. At the last inspection on 17 March 2015, the service was rated Good. At this inspection we found the service remained Good.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken. People were supported by sufficient staff who had been recruited using thorough checks. People's medicines were safely managed.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from caring staff who respected their privacy, dignity and the importance of independence. There was regular consultation about how the service was provided to capture people's views.

People received personalised support that enabled them to pursue their interests at the home and in the community. People were supported to maintain contact with their relatives. There were arrangements in place for people to raise concerns about the service.

People using the service and staff were kept informed about developments in the service. Checks had been completed as a way of ensuring the quality of the service provided including questionnaires sent to people using the service, their representatives and staff.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ribston 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 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 3 July 2017 and was unannounced. We visited again announced, on the 19 July 2017 to speak to people using the service who were taking part in an activity away from Ribston House on the first day of our inspection visit. One inspector carried out the inspection. We spoke with the registered manager, the deputy manager, three people using the service and two members of staff. In addition we reviewed records for two people using the service, toured the premises and examined records relating to staff training and recruitment and the management of the service.

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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. People confirmed they felt safe living at Ribston House. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. The latest inspection of food hygiene by the local authority in January 2017 resulted in the highest score possible. People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. The care home was clean when we visited people and confirmed it was kept clean.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. People using the service and staff told us there were enough staff to meet people's needs. There had been some use of agency staff while recruitment for new staff was in progress. Staff were supported by an 'on-call' system when the registered manager was not working.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. People confirmed there were no problems with how they were supported to take their medicines. People's medicines were stored securely and storage temperatures monitored. Some medicines stored in a separate part of the care home had not been subject to storage temperature checks. We discussed this with the registered manager who agreed to action this straight away. Individual protocols were in place for medicines prescribed to be given as necessary, for example for pain relief or anxiety. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training and competency checks. There were records of medicines being received into the home and being disposed of when required.

# Is the service effective?

## Our findings

People using the service were supported by staff who had received suitable training and support for their role. Staff received training in subjects such as infection control, health and safety, first aid and moving and handling. They also received training specific for the needs of people using the service such as epilepsy and diabetes. Staff told us the training they received was adequate for their role. One staff member felt more training was needed managing people's behaviour. We checked with the registered manager and this had been booked. One staff member described how the first aid training had been useful when dealing with an incident. Staff had also completed nationally recognised qualifications in health and social care. One member of staff was completing the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff had regular individual meetings called supervision sessions with the registered manager as well as annual performance appraisals. A schedule had been completed to ensure staff had regular supervision sessions.

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. Assessments had been completed for people of their capacity to consent to receive care and support with medicines and personal care.

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). Applications for authorisation to deprive two people of their liberty had been approved; another application was in the process of being assessed. There were no conditions relating to the authorisation of these applications.

People were regularly consulted about meal preferences. Minutes of the monthly service user's meeting showed how people were asked for their opinions on menus and their views noted for action by the manager. One person told us "you get choices". Another person described the meals as "nice" and confirmed they enjoyed the meals. The minutes of a meeting in June 2017 recorded everyone was happy with the summer menu.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health check by people's GPs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital.

## Is the service caring?

### Our findings

People had developed positive relationships with the staff that supported them. One person described staff as "alright" another person gave the 'thumbs up' when we asked them if staff were kind. We observed staff engaged in appropriate and warm conversation with people using the service. People had staff allocated to work with them known as keyworkers. The provider information return (PIR) stated, "Each service user has a keyworker that ensures that they have everything that they need and maintains relationships and family contact."

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of service user meetings demonstrated how people using the service were able to express their views. People were consulted about activities, menus and any changes to the environment of the home. Meetings were held on a monthly basis. The main focus of staff meetings was to discuss any changes to the needs of people using the service and the support they required.

Information about advocacy services was available at the service. One person was using the services of a statutory advocate in relation to a Deprivation of Liberty Safeguards (DoLS) application. People and their representatives were involved in reviews of their support plans.

People's privacy and dignity was respected. People confirmed that staff knocked on doors before entering and this was the practice we observed during the inspection visit. People also confirmed they were able to have their own privacy. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as ensuring doors were closed and covering people up.

People were supported to maintain and develop their independence. Staff told us they supported people to carry out some personal care for themselves. In addition one person made their own sandwiches and drinks. Staff told us "We just encourage what we can get them to do" and "You do everything you can to promote independence with personal care rather than doing it for them."

People's wishes for the arrangements at the end of their life had been discussed and recorded where people felt able and willing to do this. The registered manager described Ribston House as having a good reputation for providing end of life care and received referrals accordingly. The PIR stated, "We have cared for several service users going through end of life palliative care. All staff treated them with kindness, compassion, respect and dignity and ensured their comfort at all times. When we knew their time was limited, we ensured that we had a staff member with them so that they did not die alone. We have then been involved with dealing and organising their funerals, even when they have had family; they have been happy for us to do this. We have our memory wall with photos of the people that have died and we also have trees planted in the garden in their memory." Staff had received training in death, dying and bereavement; further training was planned in providing end of life care.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. People's support plans included guidelines for staff to follow to provide care and support in an individualised way. Support plans included a personal profile which included important information about people for staff to refer to such as routines and likes and dislikes. Support plans had been kept under review. Staff told us about providing personalised care to people, for example the importance of styling one person's hair in their preferred way before they attended church. People confirmed they received the correct support to meet their needs. Communication profiles were in place which enabled staff to interpret people's individual communication methods and so understand their needs.

People were supported to take part in activities and interests at Ribston House and in the wider community both individually and as part of a group. Activities included attending a social club, swimming, shopping, bowling and trips out. People told us how they had enjoyed a recent boat trip. Two people were attending college. The provider information return (PIR) stated "Several of our service users attend church each week and any other activities going on at the church throughout the week." Minutes of a meeting in June 2016 recorded, "All service users are happy with the transport offered by the home and the activities delivered last month". A holiday was also being planned. Photographs of people engaging in various activities were displayed in the home. People had personalised their individual rooms according to their tastes and interests.

People were supported to maintain contact with family in response to their wishes. Visits were arranged for people to see their relatives as well as people making contact by telephone. One person told us how they were able to visit relatives in another part of the country twice a month.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available for each person in a suitable format using pictures, symbols and plain English. There had been no complaints received since our previous inspection. People told us they would speak to staff or the manager if they were unhappy about anything. In addition a monthly meeting allowed people to raise any concerns. The PIR stated, "We have monthly service user meetings where all service users have the opportunity to discuss any thoughts, ideas, concerns or changes they would like to make. This can also be discussed on a one to one basis if required."



## Is the service well-led?

### Our findings

Ribston House had a registered manager in post who had been registered as manager since April 2015. 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 registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The ratings from our previous inspection were prominently displayed in the entrance hall.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

We heard positive comments about the management of Ribston House. One member of staff told us the registered manager was "very approachable". Another staff member described a "well-run home, where everybody gets on with their job". Minutes of staff meetings demonstrated that staff were kept informed about developments in the service.

The registered manager described their current vision for the service as, "Aiming to get the home full of people who got on well with each other." They also described the challenge of providing a service within financial constraints. Current developments included changing the use of rooms on the first floor to accommodate people's needs.

People benefitted from checks to ensure a consistent service was being provided. We saw an example of a recent home visit monthly report carried out by a manager of another service operated by the provider. Areas covered included medicines, staff training and feedback from people using the service and staff. An action plan was produced highlighting areas for attention including redecoration, safety checks and updating one person's support plan.

The views of people using the service, their relatives, health care professionals and staff were checked with questionnaires on an annual basis. Outcomes from the questionnaire exercise were recorded in a development plan. The most recent plan from May 2017 identified a number of areas for action including involving people in choosing staff and ensuring people knew who entered the home. At the time of our inspection visit work on the action plan was still in progress. A monthly check on the environment of the care home was carried out, this monitored areas such as maintenance, accidents, complaints and information relating to people using the service and staff. Audits were completed on areas such people's medicines and infection control. In addition an audit on people's finances was completed by the finance director.