New Beginnings (Gloucester) Ltd

Ribston House

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 the 17 March 2015 and was unannounced.

Ribston House is a purpose built home for up to nine adults. People living at the home have a range of needs including learning disabilities. At the time of our inspection there were seven people living at the home.

The home had a registered manager. 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.

Medicines were stored securely and people were given their medicines as prescribed and on time.

People were protected from abuse by staff who understood safeguarding procedures. Robust recruitment procedures were applied ensuring that

Summary of findings

people were protected from the employment of unsuitable staff. There were enough staff with the right skills and knowledge to keep people safe and meet their needs.

People were supported by staff who received appropriate training and had the right knowledge and skills to carry out their role. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People were supported to eat and drink a balanced diet.

People received personalised support that enabled them to take part in activities in the home and the community. People's privacy, dignity and independence was respected and promoted. There were arrangements in place for people to raise concerns about the service.

Management encouraged open communication in the interests of people using the service.

Quality assurance checks on the service including the views of people and stakeholders had been completed as a way of ensuring the quality of the service provided.

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.

Medicines were stored securely and people were given their medicines as prescribed and on time.

People were protected from abuse because staff understood how to protect them.

There were enough staff, suitably recruited, to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were consulted about meal preferences and supported to eat a balanced diet.

People health needs were met through on-going support and liaison with

relevant healthcare professionals.

Good

Is the service caring?
The service was caring.

People were treated with respect and kindness.

People's independence was supported.

People's privacy and dignity was understood, promoted and respected by staff.

People were supported through end of life care.

Good

Is the service responsive?
The service was responsive.

People received individualised care and were regularly consulted about the support they received.

People were enabled to pursue their interests and engage in activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good

Is the service well-led?
The service was well led.

Management promoted an open culture encouraging communication from staff.

Staff were kept informed about the needs of people and developments with the service.

Good

Summary of findings

Quality assurance systems were in place to monitor the quality of care and support provided to people and the safety of the home.

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 17 March 2015 and was unannounced. Our inspection was carried out by one inspector accompanied by an inspection manager. We spoke with three people who use the service. We also spoke with the registered manager, the home manager, the deputy manager and two members of care staff. We carried out a tour of the premises, and reviewed records for three people using the service. We also looked at five staff recruitment files.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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. Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. People using the service said they felt safe living at Ribston House. Information about safeguarding was available to people using the service in a suitable format using pictures and plain English. People were given an opportunity to raise any issues about any incidents of bullying at each service user's meeting where there was also a discussion about security and personal safety at the home. A policy on bullying was also in place as guidance for staff. 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. For example, for swimming, the environment of the home and for evacuation in the event of fire. These identified 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's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as legionella, scalding and electrical faults. The cleanliness of the premises had been maintained and a recent inspection of food hygiene by the local authority had resulted in the highest score possible.

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 care and support needs were being met by sufficient numbers of suitable staff. Staff were divided into two groups, support staff and activities staff. People using the service told us there were enough staff to meet their needs. One member of staff commented "staffing levels are ok, we're coping, it's manageable".

People's medicines were stored safely and securely. Medicines were stored in a locked trolley in a meeting room. There were some minimal stocks of medicines also kept in a cupboard in the same meeting room. Creams and liquids were stored in the office fridge. People using the service had a locked cabinet in their room for the storage of creams if necessary. There was a protocol in place for how to manage the temperatures in hot weather and what to do if the temperature exceeded acceptable levels.

Medicines were all in date and all liquid medicines had the date when opened written on the bottle. People were given their medicines as prescribed and on time. The Medicine Administration Record (MAR) charts were kept in one file with a photo of each service user. The charts were all completed correctly with no gaps. Medicines were counted at every hand over and this was recorded as checked and correct. There was no record what actions had been taken when this record evidenced some missing medication. However staff could explain what process was followed, they had just failed to document it. This was flagged to the deputy manager and an agreement made to improve the documented audit trail of medicine number checks. Individual protocols were in place for medicines prescribed to be given as necessary, for example, for pain relief. The protocol not only described when it should be given and what dose but also stated how the person may show they were in pain. One person told us they were given their medicines "only when I need them". Where people had been assessed as lacking mental capacity to consent to taking medicines a decision taken in their best interests had been recorded.

There were records of medicines being received into the home and being disposed of when required. Only senior carers gave people their medicines. All senior carers had been trained and assessed as competent to do this. A weekly audit of the MAR checked that all medicines given had been signed for. The monthly audit reviewed the MAR and the PRN protocols to ensure they are up to date. There were audit records to support this.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. They confirmed that staff knew what they were doing when giving care and support. One member of staff told us "I've been on training, like how to deal with challenging situations and dignity and respect". They said the training equipped them to meet the needs of the people living at Ribston House and was sufficient to do their job. Another member of staff stated "I am very happy with my training". Records confirmed the training that staff had received. Training had been provided relevant to the needs of people using the service such as epilepsy and diabetes. Staff had also received training for death dying and bereavement, relevant for staff caring for a person who had received end of life care at the home. In addition the service was making preparations for the introduction of the new Care Certificate qualification. Staff had regular individual meetings called supervision sessions. Staff confirmed they had regular supervision sessions as well as an annual performance appraisal.

People's rights were protected by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. Staff told us they had received training in the MCA and demonstrated knowledge of the need to assess people's mental capacity around specific decisions. The manager was aware of a recent court ruling regarding the liberty of people in care homes. As a result standard applications had been made for all of the people living at Ribston House whose liberty may have been restricted. Where people lacked capacity to make certain decisions, assessments had been made of their mental capacity. We saw assessments relating to living at the home and taking medicines. We saw an example of a best interests meeting held with contributions from the person's relative and the person's key worker.

Food was plentiful and of a good quality. People had a choice and contributed to the decision about what meals were on the menu. Minutes of the monthly service user' meeting showed how people were asked for their opinions on menus and their views noted for action by the manager. Two people we spoke with described the meals as "nice" and confirmed that there were choices of meals offered. One person said "I like to choose what I have to eat". Another person told us "the food here is lovely". Snacks of fruit, crisps and biscuits were freely available. Drinks were offered regularly or made when asked. Half of the people required mashed or pureed food and there was a record of who required this. The home was also following the latest rules from the Food Standards Agency regarding food allergies. This resulted in recording food allergens in meals to provide a reference for any person allergic to certain ingredients.

People's healthcare needs were met through regular healthcare appointments and liaison with health care professionals. One person told us that health care professionals had visited them at Ribston House. Records supported this, one person had received visits from an occupational therapist. People attended their GP surgeries, dentists and hospital outpatient appointments with an occupational therapist. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. The service had established links with national support organisations where these related to needs related to medical conditions of people using the service. Information provided by these organisations had been used as a resource for staff supporting people.

Good

Is the service caring?

Our findings

People we spoke with told us staff treated them with kindness. When asked about staff, one person using the service told us "The people (staff) are gentle". Another person told us "They help me when I want something" and "The people (staff) are nice and friendly". Staff were respectful and caring in their interactions with people. We observed staff supporting people during a birthday party. Staff were attentive to people's needs, responding to requests, checking on people's wellbeing, ensuring their comfort and asking them if they had enough to eat. When staff communicated with people on a one to one basis they ensured they were at the same head height of the person they were speaking to.

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 the decoration and maintenance of the home. Meetings were held on a monthly basis. People were supported to attend religious services and associated activities where they chose to. The PIR stated, "each service user has a key worker as well as all staff that understand the history and likes and needs of each individual whilst supporting each person's culture and spiritual needs". Communication profiles were in place for people where necessary as an aid for staff to understand people's methods of communication. For example one person's profile stated "when I feel bored", "I may fall asleep". Information about advocacy services was available at the home although people had not had cause to use these services at the time of our inspection.

People's privacy and dignity was respected. Two of the people we spoke with confirmed that staff knocked on their door before entering their room, this was the practice we observed during the inspection visit. In addition staff had received training in dignity and respect. One person had specific information in their support plan about their preferences for the age and gender of staff supporting them with personal care. Another person had a detailed support plan for staff to follow when bathing. This included actions to preserve the privacy and dignity of the person. People were supported to maintain their independence. One support plan stated "(the person) needs to be encouraged and supported to maintain existing skills." Another person's care plan for personal care included actions for staff to enable the person to choose their clothing for the day.

Two people had recently died at the home, one expected and one unexpected. Staff had been able to care for the one person through end of life care at the home with support from healthcare professionals. A letter from the person's GP practice praised the care provided by the staff at Ribston House. Staff had planned the funeral for the person who died unexpectedly based on their knowledge of the person and the fact there were no known relatives. The service took account of things important to the person such as their choice of music and support of a football club. Other people using the service were helped to come to terms with the person's death in a variety of ways including some people attending the funeral and others discussing their memories of the person at a meeting.

Good

Is the service responsive?

Our findings

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. Support plans had been kept under review. The home manager described the approach to providing personalised care as "allow all service users to take risks within reason". They also described the importance of appointing the right key worker for each person in the interests of achieving a personalised approach to supporting people.

People were supported to take part in activities and interests both in the home and in the wider community both individually and as part of a group. Group activities included swimming, bingo and picnics. People took part in individual activities such as cooking and walks in local parks. One person told us "I can go for a walk" and "I like to go shopping". Another person said "I like going out" and "I like to go to bowls". Photographs of people engaging in various activities were displayed in the home. One person had recently started a work placement and others were attending a local college. People were able to understand the activities planned for them with the use of an activities chart using pictures and symbols. Staff were positive about the activities provided for people, One member of staff told us "I really, really like working here, I get excited when I see what a great quality of life the service users have here with all their activities".

People were able to maintain contact with family members, one person had a specific support plan to guide staff with this. People we spoke with confirmed that relatives were able to freely visit them. The PIR stated, "We also involve family members where appropriate and consented to by the service user". People's personal profile documents included information about people important to them and how they maintained contact.

There were arrangements to listen to and respond to any concerns or complaints. Information given to us at the inspection stated "We have a complaints policy which all service users have a copy of and all staff members read and sign. Any complaints will be taken seriously and dealt with in a timely fashion." Information explaining how to make a complaint was available in a format suitable for people using plain English, symbols and pictures. People we spoke with were comfortable raising a concern about the service, they told us they would approach staff if they were not happy with anything. One person had experience of raising a concern and told us the issue was "sorted out" promptly. We looked at the most recent complaint received, there was evidence this had been investigated and a written response given to the complainant detailing the remedial action taken. Monthly service user meetings also provided an opportunity for people to raise any concerns.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been registered as manager of Ribston House since 2010. The 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 when they occurred. As well as the registered manager there was a home manager who was going through the process of registration for manager of the home. In addition the home had a deputy manager. Staff made positive comments about the home manager such as "she is easy to speak to, I go to her straight away if I have a problem" and "I find the manager very approachable". People we spoke with were aware of the registered manager and their role at Ribston House.

In the PIR the home manager described the promotion of an open culture at the service. "I believe in open and effective communication and encourage staff to question practice and any concerns they may have about the care of the service users, the running of the home, any issues with their colleagues and any other professionals." The home manager described their current vision for the service involved improving team work between two staff teams of support staff and activity staff. The home manager stated "The priority is the service users and we need to be working together".

Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. As well as discussion around the specific support needs of each person using the service, staff were informed about training, activities and new systems such as medicines. The PIR stated "Any new information, I share with staff to ensure that everyone is working together in conjunction with service user's needs, organisational needs and legislation."

People benefitted from checks to ensure a consistent service was being provided. The PIR stated "We have a quality assurance system, the group manager visits and inspects the home and writes a report along with an action plan. We also have quality questionnaires which go out to our service users, family members, staff, funding authorities and different health professionals where we have the opportunity of evaluating the home and service provided and can then document what we are doing well and also what we need to do better." An example of a recent home visit monthly report included notifications to CQC, fire safety, staff training and feedback from people using the service. Any action identified was recorded. The recent report for January 2015 had identified some maintenance issues for action as well as the need to replace some carpets which had been partially completed. The results of the last six monthly quality questionnaire exercise completed in September 2014 had been analysed and presented in a development plan for the whole of the provider's organisation. These were broad objectives for the whole organisation. Progress was due for review in February 2015.