Voyage 1 Limited

Ridgeway

Inspection report

11 Park Avenue
Gillingham
Kent
ME7 4AS
Tel: 01634 851443
Website: www.voyagecare.com

Date of inspection visit: 08 September 2015
Date of publication: 19/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 08 September 2015. This was an unannounced inspection.

Ridgeway Care Home is a large semi-detached property, providing accommodation on three floors. It is located in a residential area opposite a large park and within walking distance of shops and accessible public transport links. Care and support is provided to adults with learning disabilities with limited verbal communication and challenging behaviours. The home accommodates up to six people. At the time we visited there were five people living at the home and one person in hospital.

There was a registered manager at the home. 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.

Care plans identified clear guidelines for supporting people with behaviour that other people may find challenging. The guidelines included clear descriptions of the behaviour, descriptions of possible and probable

Summary of findings

causes and strategies for supporting each person to become less anxious and calmer. However, these guidelines were inconsistent. We have made a recommendation about this.

Our observation on the day showed that people had limited choices of activities. Activities were not diverse enough to meet people's needs and the home was not always responsive to people's activity needs. We have made a recommendation about this.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. However, they had not quickly identified and responded to gaps, inconsistencies and contradictions in records which required addressing. We have made a recommendation about this.

Care files did not include communication passports, which would have provided clear descriptions of how people communicate. We have made a recommendation about this.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's needs and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Staff were caring and we saw that they treated people with respect during the course of our inspection.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Health care plans were in place and people had their health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

People were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

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.

The provider had taken reasonable steps to protect people from abuse. Staff demonstrated they understood the importance of keeping people safe.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

People received their prescribed medicines in a safe manner.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were supported to maintain good health and had access to healthcare professionals and services.

People's human and legal rights were respected by staff. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

Good

Is the service caring?
The service was caring.

Staff had a good rapport with people. They gave people plenty of time to communicate their needs.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People were treated with respect and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
The service was not always responsive.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported. However, behavioural guidelines were not consistent and clear.

People did not always take part in activities which were of interest to them.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

The provider had a complaints procedure, which was followed in practice.

Requires improvement

Summary of findings

Is the service well-led?

The service was not always well led.

Quality assurance processes were in place to monitor the home so people received a good quality service but they were not effective in identifying all areas for improvement that we found.

Records relating to people's care and the management of the home were not well organised or adequately maintained.

Communication needs of people had not been assessed. Easy to read information had not been developed to help people understand their support and healthcare needs.

The registered manager had an open and approachable manner and demonstrated a good knowledge of the people who lived at the home.

Requires improvement

Ridgeway

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 08 September 2015 and was unannounced.

Our inspection team consisted of two inspectors and one expert-by-experience who spoke with people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge and understanding of community health services and residential care homes.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law. 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.

During our inspection, we attempted to speak with five people, spoke with two support workers, the registered manager and the operations manager. We also contacted other health and social care professionals who provided health and social care services to people. These included community nurses, doctors, speech and language therapist, local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

At our last inspection on 29 May 2013 we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. One person with limited communication skills commented and said, "Yes", and another person nodded when we asked "Do you feel safe?" We observed that people were relaxed around the staff and in the care home.

There was an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority safeguarding policy, protocols and guidance. This meant that staff had relevant guidance and information on how to recognise and protect people from abuse.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse, and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "No member of staff would hesitate to speak out". The registered manager told us, "We encourage all the staff to voice any concerns they may have, individually, during supervision and at our monthly meetings". Safeguarding was set as an agenda for discussion at staff supervision. This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. Members of staff told us that they would first report to a senior staff, and the registered manager. If this did not satisfy their concern, they knew to phone the operations manager and finally, told us that the whistleblowing and safeguarding hotline number was displayed on the notice board. We observed that this was clearly displayed near the administration office for all staff to see. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. This was named, 'See Something, Say Something' to encourage them to speak out if they had any concerns about the service provided.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home. People's individual needs were assessed before people moved into the home and this information was used to calculate how many staff were needed on shift at any time. People were receiving one to one care and we observed that there were appropriate numbers of staff to engage with people individually and to support them within the home. This showed that staff were available to respond promptly to people's needs and ensure their safety.

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. For example, one person who was at risk of displaying a behaviour that challenges in the community had been accompanied by a member of staff for an activity. The registered manager ensured there were enough staff to meet people's needs.

Safe recruitment processes were in place. The provider had an employment policy, disciplinary procedure and other policies relating to staff employment. Appropriate checks were undertaken and enhanced. Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files records that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

People's support plans provided staff with detailed information about how to support people in a way that minimised risk for the individual. The service had a risk assessment policy and we saw people had their risks assessed. For example, there were nutritional risk assessments, moving and handling risk assessments and health and safety risk assessments. When people had specific risks associated with their individual needs, for example for a specific behaviour, there was a behaviour support plan in place. Staff were able to describe the plan and had an awareness of peoples individual risks. People's risks were reviewed and updated with involvement from relatives and healthcare professionals. Staff told us 'risk'

Good

Is the service safe?

was talked about in staff meetings and in handovers. People were supported to take positive risks, for example, one person wanted to engage in horse riding as part of their goal setting and was being supported to achieve this.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. Safe storage and administration meant that people's health and welfare was protected against the risks associated with the handling of medicines. Some people required medicines to be administered on an 'as required' basis. There were detailed protocols for the administration of these medicines; together with records of the circumstances when they had been given. This was to ensure they were given safely and consistently. Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This meant that staff continued to manage medicines to the required standards.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the home were carried out to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans there were in place for emergency situations.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response plan. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards, with the least amount of disruption to people living in the home.

Good

Is the service effective?

Our findings

People indicated they were happy with the staff who provided their care and support. One person said, "That's a nice dinner, the staff is a very good cook".

A care manager commented, "I have a long term relationship with this service. They contact me and keep me informed of any changes or any concerns".

Staff had received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they had training specific to the needs of people who lived in the home such as autism and epilepsy. As some people could display behaviours that could be challenging, staff had received training in Management of Actual or Potential Aggression (MAPA). MAPA training emphasis is always on minimising the risk of dangerous behaviour developing and on ensuring that people are treated with respect, and together with staff, that their safety is ensured. Following this training, the registered manager had developed individual behavioural support plans for each person who lived in the home. These plans included specific strategies that worked effectively for each person so there would be no use of physical restraint.

New staff received an induction to the home which included a period of observation and working alongside more experienced staff. This ensured new staff had a good understanding of the individual needs of people before working alone.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff also underwent an annual appraisal of their work with their line manager. Staff told us that they had the opportunity to attend team meetings on a regular basis. These support systems provide staff with opportunities to explore their practice, to develop as workers and to communicate important information about their roles and responsibilities.

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. Staff we spoke with understood that people were able to make day to day decisions. However, where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. This ensured that any decisions made on behalf of the person were in their "best interests".

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications to the local authority for everyone who lived in the home as they were unable to leave without supervision. A record was maintained to ensure any approved authorities were renewed within the specified time limits to make sure they continued to comply with the legislation.

We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. The registered manager had made Deprivation of Liberty Safeguards (DOLs) applications to the local authority for one person who was assessed as 'unable to care for themselves'. This was carried out after a best interest meeting was held. It was decided that it was in the person's best interest for staff to carry out care for the person, which was granted. People's rights were considered and the registered manager understood their responsibilities in relation to this. Staff sought and obtained people's consent before they helped them. People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes.

People were involved in making choices about what they had to eat. A staff member explained, "We have a meeting at the end of each week and we ask people what they would like." People could also make choices on the day if they did not want the options available. At lunch time we saw people were able to eat independently, but staff were available to provide assistance when required.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a staff communication book to ensure information about people's support was communicated effectively between shifts. Healthcare professionals told us that the home communicates effectively with them. A care manager said, "I hear from them when it is relevant to do so. They report incidents promptly and are always happy to discuss

Good

Is the service effective?

matters of concern. For example a holiday incident resulting in a client going to Accident and Emergency Department, they gave my details so the hospital could make direct contact with me."

People were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied. When staff had concerns about people's health this was reported to the registered manager, documented and acted upon. A person who felt unwell had been referred to a GP with their consent for a review of their medicines. All the people living in the home had annual 'well-being' check-ups. Healthcare professionals told us that people were supported to maintain good health, have access to healthcare services and received on-going healthcare and other support through the local Community Team Learning Disability (CTLD) and GP.

Records showed people had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Appropriate and timely referrals had been made to make sure people received the necessary support to manage their health and well-being. A healthcare professional commented, "They always action my advice and are careful to do so with accuracy and warmth. They manage a complex situation well. The manager and team have positive relationships with local services and manage complex needs with care".

Good

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. One person with limited communication skills commented and said they liked living at Ridgeway. They said, "Staff are my friends", and all the other people echoed that they were friends.

During the day we spent time observing and talking with all the people who lived in the home. There was a friendly, relaxed atmosphere and people and staff were very welcoming. There were caring relationships between people who lived in the home and between people and the staff who supported them. People showed interest and concern for each other and greeted each other warmly when they returned from activities outside the home. A member of care staff told us, "I have always found it a very happy home. People interact well with each other". People told us verbally or by way of a 'thumbs up', that they liked living in the home and felt cared for.

Staff were knowledgeable about people's needs, their likes, dislikes and the activities they liked to pursue. One staff member said, "X (person) loves to go to horse riding", and we observed that the person went out for horse riding on the day we inspected the home. During the day we saw people were able to carry out many aspects of their own personal care. People participated in domestic tasks around the home; including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the home.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about their needs. For example, staff told us about people who required 1-1 support throughout the day. All members of staff, and the provider, regularly interacted with each person who lived at the home, throughout our inspection. In another example, we saw two people being supported to do fairly complex activities such as hanging out washing and loading up the dishwasher. Staff did this in a skilled way that helped the people to really contribute to these necessary tasks in an active way. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Staff told us that communication systems within the home worked well and the registered manager passed messages amongst the staff team as and when required. A communication book was in use where important messages could be passed between changing staff shifts. Healthcare professional told us following our inspection that communication between the service and themselves had been satisfactory.

Our observations confirmed that people's privacy, dignity and independence was promoted by staff. For example, they encouraged people to assist with their own personal care tasks wherever possible, in order for them to remain as independent as possible. In another situation, staff needed to administer medicine to a person who was still in bed. Staff knocked gently on the door, and then spoke quietly until the person woke up. The staff member reassured the person that they only needed to take their medicine, and that they could go back to sleep if they wished. We noticed that the person had a vocal monitor in their room. The person had agreed to the monitor so that they could more easily call for assistance from staff. Staff told us that they always switched it off when providing personal care, and were careful to protect the person's dignity.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the home. The registered manager told us that while some people had an advocate acting on their behalf; others had family members who were actively involved in their care.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used.

Requires improvement

Is the service responsive?

Our findings

People were unable to verbally tell us about their experiences. Healthcare professionals said, "They demonstrate positive regard to all the people in the home, they are not concerned about being interrupted and respond and listen positively to the service users."

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff, and care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care people received. The care plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

People's care records were individualised and provided the reader with detailed information. These included information about the person, their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medication needs and goals for the future. Staff were armed with the key information they needed to ensure the care they delivered, was both appropriate and safe. The home operated a keyworker system where individual staff members were allocated to different people living at the home. A keyworker is someone who co-ordinates all aspects of a person's care in the home. These staff members held the responsibility for ensuring that the person they were keyworker for, received the most appropriate care for their needs and that their care records were up to date. This showed that people had been listened to and staff acted on their views.

Records and staff knowledge demonstrated the registered manager had identified individual behaviour that challenges others, and put actions in place to reduce the associated risks. Some people displayed behaviours that could impact on the wellbeing of others as well as their own health. The staff team worked closely with healthcare professionals to manage those behaviours to keep people and others safe. A care manager told us that in their experience the registered manager and staff team have good support from the local community team learning disabilities (CTLD). However, records showed that where there were any incidents of concern, while behavioural support plans were reviewed, they were not consistent and there were contradictions. For example, one person's support plan around wishing to change out of clothes stated, 'Will wish to change clothes if I think they are dirty. Any sign of resistance shown by staff may trigger behaviour, swearing, shouting, foul language'. Another plan around free access to the bedroom noted that 'I may want to change my clothing, although if there is nothing wrong with them, discourage and distract me from doing so'. This showed that it would not be possible to provide a consistent response as it was not clear which plan staff should follow.

Some of the wording used was uncomplimentary, and was not supported with a functional assessment to assist the person to avoid displaying behaviour that challenges the service. One sentence in the 'Emotional and Behaviour support plan' dated 17 September 2014 stated, 'X thinks that his behaviour can get him what he wants'. However, this plan did not make any suggestions as how to best meet the person's needs to avoid an incident of behaviour that challenges. It only gave the reactive strategy which was 'Tell him that if he does not listen, staff would walk away'.

Further, guidance around supporting a person when they were upset was varied and inconsistent. One plan stated, 'Ask me to stop, if I do, praise me and carry on. If I continue, walk away'. In the person's personal laundry plan, it states 'Do not leave me alone if and when challenging'.

We recommend that the provider seeks and follows guidance on how to develop positive behaviour support planning for people in the home.

Care plans contained information about the kind of activities people were interested in. However, our observation showed that people were not encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community for individualised activities as they wished. 'Choice of Activities' was written about six times in a week in the activities planner for each person with no specified choice of activity. We asked the registered manager about this and they said people choose what they would like to do each day. Our observation on the day showed that people had limited choices as three people went horse riding, despite one person saying they do not want to go. Staff told us that the person who did not want to go went for a ride in the car but this was to the

Requires improvement

Is the service responsive?

horse riding ground. This example showed that activities were limited, were not diverse enough to meet people's needs, and the home was not always responsive to people's needs.

We recommend that the provider seeks advice and guidance from a reputable source, about providing diverse, meaningful activities for people with learning disabilities in accordance with their individual needs and choices.

We reviewed how the provider handled complaints received within the home and found that there had been one complaint since our last inspection. This complaint was about an allegation of staff divulging one person's confidential information to someone else. Records held within the home showed the operations manager and registered manager had worked closely with the complainant, and investigated the matter accordingly. The complaint was responded to according to specified timescale, thereby bringing the matter to a satisfactory conclusion for everyone involved. The provider had a complaints policy in place and this was followed in practice. Families and healthcare professionals told us they have no concerns about this home and services to people. Comments included, "I have no concerns about the service".

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. For example, professionals were asked about staffing in the home. Comments included, 'very good', 'one to one contact worked well', 'there is consistency of staff'. When people who used the service were asked if they had their privacy? Comments received included, 'Yes, staff knock on my door', and 'I am involved in my care plan'. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

Requires improvement

Is the service well-led?

Our findings

The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included 'passion for care'. 'We are intensely passionate about delivering personal outcomes for individuals. We place their safety, security and equality above all else.' Staff demonstrated these values by being passionate about the care we observed being delivered. They said "I enjoy working with the people as you can be friends with them as well as a professional support worker". Another staff said, "It's nice to come to work each day and be welcomed by the people into their home. It has a family atmosphere". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

The registered manager at Ridgeway was supported by the operations manager, in order to support the home and the staff. For example, the operations manager supported the registered manager to have all staff trained in specialised training for the home such as Management of Actual or Potential Aggression (MAPA), and every other training that were deemed required. The registered manager oversaw the day to day management of the home. They knew each person by name and people knew them and were comfortable talking with them.

The operational manager visited the home to carry out a service audit. The provider's action plan following the most recent quality audit in August 2015, had identified that people needed to be more involved in the home. As a result, the registered manager had completed these identified shortfalls. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. However, they had not quickly identified and responded to gaps, inconsistencies and contradictions in records which required addressing. For example, in one person's care plan entitled 'Going to my bedroom during the day'. It read 'I may insist on going to my bedroom to stay on my own', and noted that support using the stairs was required. Staff were advised to 'Encourage me with other activities to distract my attention from going to the bedroom'. It went on to say, 'If and when all encouragement fails, and I insist to go to my bedroom, do not stop me'. In the same person's plan around the use of the toilet, the plan noted that if the person was observed undressing, they were to be asked if they wanted to go to their bedroom. If they refused, to leave them in the toilet. This person had communication difficulties and the inconsistency of care plan would further create difficulties for staff in managing behaviours that challenges them properly.

We recommend that the provider and registered manager seeks advice and guidance from a reputable source, about how to keep records well organised or adequately maintained in a consistent manner.

Staff knew people well and engaged in conversations with them about their activities and interests. Some people were able to express their wishes verbally. Staff described how they communicated with people who had communication difficulties, through observing people's body language and expressions so that they knew what people liked and did not like.

However, the home had not enabled and encouraged communication with people who use the service through the development of care records that included communication passports, which would have provided clear descriptions of how people communicate. For example, we observed one person who tried to communicate with us, but found it difficult and led to them being frustrated. The person became more agitated, before a member of staff redirected the person to another activity thereby diffusing the situation. We looked in the person's care file and found no communication passport. We discussed our findings with the registered manager and asked is people's communication needs had been assessed in the home, and we were told that they had not been assessed. Communication methods are standard for people in the home such as using pictures, objects and signing with the people with communication impairments that live at Ridgeway were not implemented.

Requires improvement

Is the service well-led?

Further, easy to read information had not been developed to help people understand their support and healthcare needs. Management and staff did not have adequate communication systems in place for people with learning disabilities who might have difficulties in communicating.

We recommend that the service seeks advice and guidance from a reputable source, about the user friendly and personalised communication Standards.

Communication within the home was facilitated through monthly team meetings. We looked at minutes of July 2015 meeting. We saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Care plans and risk assessments were reviewed on a monthly basis and any concerns were acted upon straight away. The registered manager told us that people and their relatives or representatives were invited to attend people's reviews. At the reviews people could share their views and say whether they were happy with the care and support people received.

The registered manager had appropriate arrangements for reporting and reviewing incidents and accidents. They audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly. For example, one person had a fall on the stairs, the registered manager had called a staff meeting to discuss and learn from it. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The registered manager said, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the area manager who will go through and also report it to higher management if need be". Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

The registered manager was aware of when notifications had to be sent to Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the home. Notifications had been sent to the Commission to tell us about incidents that required a notification. We used this information to monitor the service to people and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.