

Care UK Learning Disabilities Services Limited







Care UK - 32 Ringstead Road

Inspection report

32 Ringstead Road
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Ratings

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

Overall summary

This inspection took place on 17 July 2015 and was unannounced. At the last inspection on 9 September 2013 we found the service was meeting the regulations we looked at.

32 Ringstead Road is a home that can provide accommodation for up to six adults with personal care and support needs. The home specialises in supporting older people living with a learning disability, autistic

spectrum disorder or down's syndrome. Two of the people using the service were also living with dementia. There were five people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Although people using the service and their relatives told us they were happy with the quality of the care and support provided by the home, we found people's needs may not always been fully met because staff were not trained in some key aspects of their role and nor were they always appropriately supported by their managers.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. There were appropriate plans in place to ensure identified risks to people were minimised. Staff had access to appropriate guidance and knew how to minimise identified risks in order to keep people safe from injury or harm in the home and the wider community. Managers ensured regular maintenance and service checks were carried out at the home to ensure the environment was safe.

Staff looked after people in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this. Staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand. Staff knew how to ensure that people received care and support in a dignified and respectful way. When people were nearing the end of their life they received compassionate and supportive care.

People were encouraged to maintain social relationships with people who were important to them, which included their relatives. There were no restrictions on visiting times and we saw staff made peoples' guests feel welcome. Staff encouraged people to participate in meaningful social, educational and vocational activities that interested them. Staff also supported people to maintain their independence so far as possible, as well as learn new independent living skills, where appropriate.

Care plans had been developed for each person using the service, which reflected their specific needs and preferences for how they were cared for and supported. These plans gave clear guidance and instructions to staff about how they should care and support people and ensure their needs were met. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and

support they needed and how they wanted this to be provided. Where people's needs changed, the service responded by reviewing the care and support people received, which included their care plan.

People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. Staff also worked closely with other health and social professionals to ensure people received the care and support they needed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew how to manage medicines safely.

There were enough suitable staff to care for and support people. Managers continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

Managers understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Managers demonstrated good leadership. It was clear managers understood their role and responsibilities, and staff told us they were supportive and fair. Managers encouraged an open and transparent culture. They proactively sought the views of people, relatives, visitors, staff and other healthcare professionals about how the care and support people received could be improved.

The provider and managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. Managers took appropriate action to make changes and improvements when this was needed. Managers used learning from incidents and inspections to identify how

Summary of findings

the service could be improved. They worked proactively with other health and social care professionals to share and learn best practice so that the quality of care and support people experienced was continuously improved.

We identified one breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

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.

People told us they felt safe living at 32 Ringstead Road. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

Some aspects of the service were not always effective.

People's needs may not be fully met because not all staff were always appropriately trained or supported by their managers to carry out the duties they were employed to perform.

Managers knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Staff supported people, where possible, to make choices and decisions on a day to day basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff.

People received compassionate and supportive care from staff when they were nearing the end of their life.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

The service was well-led.

People's views about the quality of care and support they experienced, were sought. Staff acted on people's suggestions for improvements.

Managers demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by the managers. The provider and managers carried out regular checks to monitor the safety and quality of the service.

Good



Care UK - 32 Ringstead Road

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 17 July 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection we met all five people living at the home, spoke on the telephone to two people's relatives and talked with the deputy manager and two care workers. We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us. We also looked at various records that related to people's care, staff and the overall management of the service. This included care plans for all five people living at the home and staff files for five people who worked there.

Is the service safe?

Our findings

People told us they felt safe living at 32 Ringstead Road. One person said, “Yes - I feel safe here”, while another person smiled and gave us a thumbs up sign in response to being asked whether they felt safe at the home. We received similar feedback from people’s relatives. One relative told us, “I think Ringstead Road is by far the safest environment for my [family member] to live.” The provider had a policy and procedure in place which set out the action staff should take to report a concern. We saw contact numbers of people and organisations to report concerns staff might have were displayed in the office. Other records showed us staff had received up to date safeguarding adults training. It was clear from discussions we had with the deputy manager and other staff that they all knew what constituted abuse and neglect, how to recognise these signs and who they should report any concerns they might have to. The deputy manager told us they would follow the procedure and report any concerns they might have to the registered manager or to another appropriate authority such as the local authority or the CQC.

The provider identified and managed risks appropriately. We saw each person’s care plan included a personalised set of risk assessments that identified the potential hazards they might face. Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from the risk of injury and harm. For example, a care and support worker told us how they ensured the home was free from objects that could present a choking risk to several people using the service. Another member of staff gave us a good example in relation to the regular checks staff were expected to carry out on people using the service at night to ensure they were kept safe. We saw staff maintained an accurate record of these checks to show this task had been completed in accordance with this individual’s care plan. Where new risks had been identified, people’s records were updated so that staff had access to up to date information about how to ensure people were appropriately protected.

The service managed accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and

relevant to the needs of people. The deputy manager gave us a good example of how they had recently amended an individual’s care plan to ensure it accurately reflected their changing mobility needs and how they should support this person to minimise the risk of them falling and injuring themselves.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed us the service had developed a range of contingency plans to help staff deal with emergencies. For example, we saw each person had a personalised fire safety risk assessment which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people using the service and staff regularly participated in fire evacuation drills, which staff confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. Other records showed us staff received fire safety and basic first aid training.

The home was well maintained which contributed to people’s safety. Maintenance records showed us service and maintenance checks were regularly carried out at the home by suitably qualified professionals in relation to the home’s fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move around the home safely. We also saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were enough staff deployed in the home at all times to meet people’s needs and keep them safe. People said there were enough staff available when they needed them. One person told us, “There’s always lots of staff around in the house to look after me.” We saw the staff rota for the service was planned a week in advance and took account of the number and level of care and support people required in the home. The deputy manager told us staffing levels were flexible and were routinely increased at certain times of the day to cover peak periods of activity, such as early mornings or when people had arranged to attend health care appointments or social activities outside of the home, which staff we spoke with confirmed. Throughout

Is the service safe?

our inspection we saw there were enough staff who were highly visible in the communal areas, which ensured they could always respond quickly to any requests for assistance from people or incidents.

Medicines management in the home was safe. People told us they received their prescribed medicines on time. One person said, “Never had a problem getting my medicines on time.” We saw medicines were securely stored in a purpose built medicines cabinet that remained locked when it was not in use. Medicines records showed us people using the service had individualised medicines

administration (MAR) sheets that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. We found no recording errors on any of the MAR sheets we looked at. Checks of stocks and balances of people’s medicines confirmed these had been given as indicated on people's individual MAR sheets. Staff had been trained to manage medicines safely. Training records showed us staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

Is the service effective?

Our findings

Some staff had not been appropriately trained. Although people using the service and their relatives typically described staff as being competent and good at their jobs; staff records showed us that not enough staff had received training in some key aspects of their role. For example, most staff had not received any dementia awareness, end of life care or equality and diversity training. This was confirmed by discussions we had with the deputy manager and the two other staff who were on duty at the time of our inspection. They told us they would all benefit from having greater opportunities to receive further training in some key aspects of their role. One member of staff said, “People have lived here a long time and are growing old together so the training we get needs to reflect that”, while the deputy manager commented, “I think [staff] could all do with some up to date training in how to look after people living with dementia and end of life care”.

In addition, staff were not always appropriately supported by the home’s managers. Although records showed us staff had attended some individual supervision meetings with either the registered manager or the deputy manager; these records also revealed that team meetings between managers and staff only happened annually and that overall work performances were not formally appraised at regular intervals by the registered manager. This was confirmed by discussions we had with the deputy manager and other staff we spoke with. One member of staff said, “I’ve worked here for a few years now and I can’t remember ever having an appraisal with the manager”, while another told us, “We don’t tend to have too many formal meetings at the home”. This meant staff did not have enough opportunities to review their working practices or look at their personal development. We discussed this lack of team meetings with the deputy manager who agreed that holding them more frequently would help ensure staff were aware of any incidents that had happened at the home and what they needed to do to improve and minimise the risk of similar events reoccurring.

These shortfalls in relation to staff training, support and appraisal represent a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed people's capacity to consent and to make decisions was assessed and reviewed by staff. People's

records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. For example, when people were helped by staff with getting dressed they were offered a choice of outfits to choose from. A staff member told us when they supported people they offered them choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, for example where they had needed medical treatment, best interests meetings had been held with their next of kin and other health care professionals involved in their lives to ensure appropriate decisions were made.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Managers had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us the food they were offered at the home was “good” and that they were always given a choice at mealtimes. One person said, “Staff always ask me what I would like to eat for my lunch”, while another person told us, “The food is nice here”. We observed staff offer people hot and cold drinks at regular intervals throughout our inspection. We saw care plans included information about people’s food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. These individualised eating and drinking plans had been developed by staff, and where appropriate, with support from community based health care professionals, such as a dysphagia nurse (**dysphagia** is the medical term for swallowing difficulties). This enabled staff to ensure people received appropriate nutrition and plenty of drinks to ensure they stayed hydrated. Staff demonstrated a good awareness of people’s special dietary requirements and the support they needed. Staff ensured people ate and drank sufficient amounts to meet their needs.

Is the service effective?

People were supported to maintain their health. Relatives told us they were kept updated about any changes to their family members' health and wellbeing. A relative said, "I know the staff would always contact the GP immediately if they were concerned about my [family member's] health." People's records contained important information about the support they needed to access healthcare services such as the GP or Dentist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. People also had current hospital passports. These are important

documents that contains information medical staff need to know about them and their health in the event that they needed to go to hospital. Records showed staff undertook daily monitoring and recording of information in relation to people's general health and wellbeing. Where there was a concern about an individual we noted prompt action was taken by staff to ensure this were discussed with managers and the appropriate support from health care professionals, such as the GP, was obtained. Outcomes from these referrals to professionals were documented.

Is the service caring?

Our findings

People were supported by caring and attentive staff. People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “The best thing about living here is the staff”, “The staff are nice” and, “The staff treat us well”. Feedback we received from relatives was equally complimentary about the standard of care and support provided at the home. One relative told us, “The staff are absolutely fantastic. I couldn’t be happier with the care they provide my [family member]”, while another relative said, “I’m very impressed with the staff and the care they give my [family member]. The staff are lovely”.

Staff treated people with respect. People looked at ease and comfortable in the presence of staff and we saw they supported people in a caring way. For example, we heard conversations between staff and people living at the home, which were characterised by respect, warmth and compassion. In addition, staff always spoke about people with great affection and warmth. It was clear from our discussions with staff that they knew the people they supported very well. For example, staff were able to give us good examples of important events in people’s lives, what food and social activities they enjoyed and what might make them upset. Care plans contained information about people’s life history and the things that were important to them to help staff get to know them and develop positive relationships.

Staff ensured people’s right to privacy and dignity was upheld. People told us staff were respectful and always mindful of their privacy. We observed staff ensure bedroom and bathroom doors were kept closed when personal care was being given. Throughout our inspection, staff respected people’s own personal space by knocking on doors and allowing them time alone if they requested it. Staff demonstrated a good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way.

People were supported to maintain relationships with their families and friends. A relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. They said, “The

staff update us immediately is there’s any changes in my [family members] health and always make us feel welcome when we visit.” Care plans identified all the people involved in a person’s life and who mattered to them.

The service ensured people could be actively involved in making decisions about their care and support. Each person had a key-worker. A key-worker is a designated member of staff who is familiar with the needs and preferences of the person they key-work and who helps coordinate the care and support that individual receives. Through one-to-one sessions key-workers ensured that people were given information in a format that was accessible to them based on their specific individual needs. For example, we saw people’s care plans were available in easy to read and understand language and pictorial formats to help people understand what they could expect from the service.

Staff encouraged and supported people to be as independent as they wanted to be. People told us they often helped staff buy food from the local shops and clean up after meals. One person said, “I sometimes go shopping with staff to buy food”, while another person told us, “We have to put our dirty plates in the kitchen when we’ve finished eating”. We saw staff actively encouraged and supported people to tidy up after their meal. Records showed prompts and guidance for staff, where this was appropriate, on how to encourage people’s independence as much as possible. The deputy manager gave us a good example of how one person was learning new independent living skills at a local college where they attended budgeting classes.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. We observed staff did not discuss personal information about people openly.

When people were nearing the end of their life they received compassionate and supportive care. Care plans contained information about the support people had decided they wanted when they were nearing the end of their life. The deputy manager told us people’s key-workers, and, where appropriate, their next of kin had helped them decide how they wanted to be supported with regards to their end of life care. It was also clear from discussions we

Is the service caring?

had with the deputy manager and other staff that additional support and advice had been sought from external palliative care specialists when people were nearing the end of their life.

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. Records showed us people attended regular meetings along with their relatives who were involved in their lives to discuss and plan the care and support they should continue to be provided with. Information from these discussions were used to develop a person centred care plan for each person, which set out how their specific care and support needs should be met by staff. These plans focused on people's personal, health and social care needs, their strengths and abilities, preferences, personal goals and the level of support they should receive to have their needs met. Care plans also included detailed information about people's daily routines, how they liked to spend their time, their food preferences, social activities they enjoyed, social relationships that were important to them, and how they could stay healthy, well and safe. Staff told us they had read people's care plans and we saw they had signed records to confirm this and that they were familiar with their content.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. A relative told us, "The manager always invites us to [my relatives] annual care plan review." We saw care plans were updated regularly by people's designated key-workers to reflect any changes in that individual's needs or wishes. This helped to ensure they remained accurate and current.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they

could choose what time they went to bed, what they wore, what they ate and what they did during the day. One person said they had chosen who their key-worker would be.

Staff gave us a good example of how the provider had listened to and taken on board the wishes of people using the service to change bedrooms and how this had been acted upon.

People could engage in social activities that interested them. Several people told us they "liked the activities" at the home. One person said, "We sometimes go out with staff", while another person told us, "I never get bored living here". Each person had a personalised weekly timetable of planned activities they would be undertaking at home and in the wider community. These reflected their specific likes and dislikes. Regular planned activities included music and aromatherapy sessions, going to church, and trips out to the local shops, cafes, restaurants, discos and pubs.

The provider responded to complaints appropriately. Relatives told us if they had any concerns or issues they would feel confident and comfortable raising these with the managers. A relative said, "No complaints about the home, but I'm sure the manager would take me seriously if I wasn't happy about something." Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service.

Is the service well-led?

Our findings

All the people we asked for feedback about the home told us the service was well managed. People talked positively about how approachable both the registered manager and the deputy manager were. One person said “The managers are very nice and seem to be very good at their jobs”, while another person’s relative told us, “The managers are excellent. They always make time to listen to what you have to say. I think they have a lot of experience and they clearly know what they’re doing”. The service had a hierarchy of management with clear responsibilities and lines of accountability. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. Staff told us they felt the registered manager and the deputy manager worked well together as a team and that they were both firm, but always fair. Staff also knew who was responsible for each aspect of the care they provided.

Managers ensured there was an open and transparent culture within the service in which people were encouraged to share their views and ideas for how the care and support people experienced could be improved. Records showed us people using the service were supported to share their views as much as they could, through regular meetings with the staff. Staff told us they used information from these meetings to plan activities that met with people’s preferences. The service also formally sought the views of relatives through questionnaires. People’s annual reviews showed their views were taken into account when reviewing and planning their ongoing and future care and support needs.

The provider had established governance systems to routinely monitor and improve the quality and safety of the service people received at the home. Relatives said the service had a strong culture of continuous improvement and gave us examples of changes they had wanted and how the provider had ensured these had taken place. One relative said, “The provider does listen to us and usually takes action to make the home a better place for people to live.” Records indicated the service’s quality monitoring audits and checks covered key aspects of the service such

as the care and support people received, accuracy of people’s care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements including current levels in the home, and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified prompt action was always taken by managers to deal with these in an appropriate way.

Managers used learning from incidents and inspections to identify opportunities to continuously improve the quality of service people experienced. Following the last CQC inspection of the home, although the home was found to be meeting all the regulations that we looked, managers still used the inspection report and the experience of inspection to identify changes or improvements that could be made to improve the overall quality. The deputy manager told us they used feedback received from regular audits undertaken by senior managers representing the provider and external professionals, such as community based pharmacists and fire safety officers, to continually improve the service.

Managers worked proactively with other healthcare professionals to improve their knowledge, learning and understanding of how to care for and support people. For example, the deputy manager told us they were attending meetings with local community healthcare professionals to share and discuss good practice in relation to dysphagia. The deputy manager told us they ensured staff were appropriately trained and up to date with best practice research and guidance in relation to how best to support people living with dysphagia.

The deputy manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the home. It was evident from CQC records we looked at that the registered manager had notified us in a timely manner about the death of people using the service. A notification form provides details about important events which the service is required to send us by law.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People using the service were at risk of not having their needs fully met by suitably competent staff because they had not received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a).