

Mrs Jennifer Khan

Ridley Community Project

Inspection report

49 Ridley Close
Barking
Essex
IG11 9PJ

Tel: 02085072265

Date of inspection visit:
16 July 2019

Date of publication:
12 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ridley Community Project is a care home registered to accommodate and support up to three people. At the time of the inspection, three people were living at the home.

People's experience of using this service

Care plans contained suitable and sufficient risk assessments to effectively manage risks and keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Safeguarding procedures were in place to ensure people were safe and there were appropriate numbers of staff to support people when required. Medicines were being managed safely.

Staff had completed essential training to perform their roles effectively and staff felt supported in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate. People went on holidays and participated in regular activities.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection on 10 January 2017, the home was rated Good (published 8 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ridley Community Project

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ridley Community Project is a care home providing care and support for people with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager, who was also the provider. 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.

Notice of inspection

We gave the provider 24 hours' notice because the location was a small care home for adults who were often out during the day and we needed to be sure that someone would be in to support us with the inspection.

What we did

Before the inspection, we reviewed relevant information that we had about the service. We checked the last inspection report. The service also completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with three people that lived at the home, the registered manager and a staff member. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection, we contacted professionals involved with the home for information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated good. At this inspection, the key questions has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with nutrition, medicines, and fire safety.
- Risk assessments had been completed in relation to people's health conditions. Assessments included triggers and warning signs if people's health deteriorated with control measures to guide staff.
- Staff told us that they understood risks to people and found the risk assessments helpful. A staff member told us, "Risk assessments are helpful."
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People told us they were safe. A person told us, "I feel safe."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There were no incidents since the last inspection. The registered manager told us that should incidents occur, then this would always be analysed to learn from lessons, to minimise the risk of re-occurrence.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. A person told us, "Carer helps gives us medicine on time."
- We saw that staff gave a person their medicine in a safe way, engaging positively with the person and ensuring the person took their medicines.
- Staff had been trained on medicine management and received a competency assessment to check their understanding of medicines.

Staffing and recruitment

- There was appropriate number of staff available to support people safely. A staff member told us, "Staffing is appropriate because people here are quite independent."
- We saw that staff were available when people wanted them and they responded to people's requests

quickly.

- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- We observed the environment was clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively. A staff member told us, "I get good training. It is helpful." A person told us, "They [staff] do know me well."
- Regular supervisions and appraisals had been carried out. These focused on development, performance, objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes.
- People were included with menu planning and staff asked them what they would like for meals. A staff member told us, "They like the food. We would always ask what they would like to eat before."
- We observed that people were able to eat together and told us they always looked forward to their meals. A person told us, "Food is very nice. They usually ask us what we would like."

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number health services such as mental health services and hospitals to ensure they were in the best of health. We observed that a person had come from a hospital appointment on the day of the inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed to determine if people had capacity.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I will always get consent first."
- Records showed that people's consent had been sought prior to receiving care from the service.

Adapting service, design, decoration to meet people's needs:

- People had their own rooms. We observed people's rooms were decorated with their preferences.
- There was a communal area for people to spend time with each other and staff. Some people enjoyed gardening and garden space was available with a number of plants. The registered manager told us, that people looked after the plants, some of which were tomatoes and spinach plants, which were used for cooking meals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection, the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were caring and had a positive relationship with people. A person told us, "Staff are very nice."
- We observed that staff had a positive relationship with people and spoke to them in a caring way. A person told us, "They [staff] are nice and friendly."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People's religious beliefs, interests and preferences were included in care plans. People were able to visit their place of worship if they wanted to and the registered manager informed people always would have access to place of worships.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.
- Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member told us, "I will always knock before I go in their room."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. We observed people tidying the house and making drinks for themselves. The registered manager told us since moving to the home, people's independence had grown and they were able to support themselves with most tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's support needs. Care plans included information on how to support people.
- There was a 'my recovery and well-being plan', which detailed people's ambitions and how people were like when they were well. There was also people's life history, which detailed people's upbringing and background.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.
- People were supported with regular activities. Care plans included people's interests and what they enjoyed doing. Records showed that people went to day centres, restaurants and holidays. The registered manager also told us that people go on holiday every year and they chose the holidays. Another holiday was being planned this year. A person told us, "I have been on lots of holiday. I have been to [name of country and place]."

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure.
- No complaints had been received since the last inspection.
- People were aware of how to make complaints.
- Staff were able to tell us how to manage complaints.

End of Life

- The home did not support people with end of life care. However, end of life care plans were in place. The registered manager told us this was in place as the home was preparing in advance should the home be required to support with end of life care. An end of life policy was in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Audits had been carried out on the running of the home to ensure people received personalised high-quality care such as reviewing records.
- Audits had been carried out on medicine management to ensure medicines were being managed safely. Audits were carried out by the management team and a pharmacist.
- The registered manager was aware of their duties in regards to notifications and it was the law to notify the CQC such as on safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about the service. Records showed people discussed about holidays, meals and activities.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People told us the home was well-led and liked living at the home. One person told us, "I like living here. [Registered manager] is very nice. She is a good manager."
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I like working here. [Registered manager] is really good."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's and staff's thoughts about the home and act on their feedback where possible, to create a cycle of continuous improvement.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.