

Matley-Jones Brown Limited

Ridgewood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Ridgewood on 19 October 2017. At the previous inspection in November 2015 the service was rated good.

Ridgewood provides accommodation and personal care for up to twelve people who have a learning disability, mental health needs and maybe also on the autistic spectrum. During this inspection nine people were living at the service.

The service is situated close to the centre of Camborne. People living at Ridgewood were mobile and did not require mobility aids to support movement around the service. People using the service were supported to use community facilities either independently or with staff support.

The registered manager who was also the nominated individual (Person with legal responsibility for the service) had recently left the service. There is a requirement to register a manager with the Care Quality Commission (CQC), in order to meet a condition of the services registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was currently being managed by the owner who was also taking the position of acting manager of the service supported by a deputy manager. Throughout this report the owner will be referred to as the acting manager.

Governance systems were not effective and did not demonstrate clear oversight of the service. Incident reporting was not always happening when it should. For example there was no evidence of how an incident might have occurred and action to prevent it occurring again.

Medicine systems were not being managed effectively. A cream had not been dated when opened to ensure staff knew when the cream would remain effective to use. There were three gaps in administration records for when the cream was applied. Stock control was not always accurate. We have made a recommendation for the service to improve the medicine audit system.

People's risks were not always being managed effectively because assessment for a person living at the service had not been completed.

The staffing rota did not identify staff roles with no indication of who was senior for each shift. The staffing rota was not an accurate record which could be relied upon.

Staffing levels supported people to have choices in activities during the week. However during weekends this could be limited because of staffing levels in the service.

The service was clean and of a domestic nature, which was suitable for the people who used the service. People's rooms were personalised and decorated to a satisfactory standard. Health and safety checks were being carried out by the manager and maintenance staff.

People had their healthcare needs met and there were examples of how people's health needs had been effectively responded to. People were treated with dignity and respect and independence was promoted wherever possible.

The service had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of people consenting to support and encouraged choice making where possible. They understood the importance of enabling people to make their own decisions wherever possible and seeking the involvement of appropriate people when making decisions to provide care in a person's best interests.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People and relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. Medicine systems were not being managed effectively.

Staffing levels were not always at a suitable level to support people's choices.

There was a safe recruitment process to ensure staff were safe to work with the people they were supporting. Staff knew how to recognise and report the signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective. Some staff had not received sufficient training in order to carry out their roles to meet people's specific needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Requires Improvement ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service was not always responsive. People's options for activities were at times limited due to staffing levels.

Staff were responsive to people's needs and worked with health and social care professionals to support people.

There was a system to receive and handle complaints or concerns.

Requires Improvement ●

Is the service well-led?

The service was not totally well led. The services systems to record and manage risk were not always effective.

Incidents were not always being managed effectively and reported on.

Systems and processes were not operated effectively to ensure assessment; monitoring and improvements to the quality and safety of the service were consistently carried out.

People's views of the service were sought.

Requires Improvement 

Ridgewood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Ridgewood. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We spoke with the acting manager and deputy manager and three staff members. We spoke with three people living at Ridgewood. Some people had limited ability to verbally communicate. We made general observations throughout the inspection. We received feedback from commissioners and one professional.

We looked at care records of four people living at Ridgewood. We viewed recruitment records, training and supervision records for two staff. In addition we looked at medicine records and records relating to the management of the service. We checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved inspecting the premises.

Is the service safe?

Our findings

Staffing levels were generally satisfactory so they met people's individual needs. Observations made confirmed people were being respected and supported in a safe and caring environment. For example, where a person wanted to go out they were supported to do so with a staff member. Another person was using their room for therapeutic reasons and staff were keeping a discreet overview of them so they were safe. We observed that where people required support from staff they were assisted to move around the building safely, with the appropriate level of help to promote their independence. Staff told us that generally there were enough of them to support people, but that weekends could be a problem if people wanted to use community facilities due to a drop in staffing levels. Rotas showed there should be three staff on duty but on most weekends for the previous two months, annual leave had restricted this level to two staff. This was discussed with the acting manager who acknowledged weekend staffing levels had at times posed constraints in people's choices. By not having consistent staffing levels to meet people's individual needs and choices meant people's choices were at times restricted.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The systems in place to manage medicines effectively were not always being maintained. For example a prescribed cream had not been dated when opened to ensure staff knew how long the cream would remain effective. There were some gaps in administration records for when the cream should have been applied. Stock control in medicines had not always been accurate. We spoke with the acting manager about this who took action to address these issues including a review of medicine audit procedures.

We recommend the service includes current good practice guidance in the management of medicines in the service.

People risks were not always being managed safely. For example where there was a smoking risk for a person. There was a 'smoking agreement' in place but this had been breached. The deputy manager had put in place a risk strategy including a safe storage system which the person had agreed to in order to reduce the level of risk.

Staff told us they were confident about what to do and who to contact if they noticed signs of abuse. They knew who to contact in the service and had the contact details of other agencies. Staff told us they were confident in highlighting any concerns they might have.

Accidents which took place were being recorded and where necessary action taken to reduce the risk. For example where a person had purchased a new bed. A sequence of falls followed when getting in and out of bed. Staff identified the possible reason was the mattress. A new and more suitable mattress was purchased and this immediately reduced the falls.

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who

were not suitable to work with vulnerable adults. Staff recruitment records showed appropriate checks including criminal disclosure and suitable references had been carried out and confirmed before new staff started to work at Ridgewood.

Electrical testing and gas servicing records were all up to date. Records showed fire alarm and fire equipment service checks were up to date.

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records were in place to show receipts of purchases. There were accurate records and tallied when checked on inspection.

Some people living at Ridgewood had limited verbal communication. We spent time with the five people at the service on the day of inspection and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home. People approached staff for assistance and reassurance throughout the day. A staff member told us, "We [staff] know everybody really well and yes we make sure everybody is as safe as they can be."

Is the service effective?

Our findings

Staff were supporting people who required various levels of support and understanding. For example some people had very specific learning disability needs while other people had more complex mental health needs. Staff we spoke with told us they had lots of experience and skills to meet people's needs. All current care staff working at the service had attained level 3 in National Vocational Training (NVQ) or diploma in care. This meant they had a suitable standard of knowledge and understanding to carry out their roles. However, as shown above, this knowledge did not extend to the need for specialist knowledge in mental health. A staff member said, "We have done some training on Mental Capacity Act (MCA) and I'm up to date on mandatory training." We spoke with the acting manager and deputy manager about how they were ensuring staff had the knowledge and skills to support people with mental health needs. The deputy manager and two staff were currently carrying out a level three mental health training which was a more in-depth course to understand and respond to people who require a greater level of support at times.

It is recommended the service ensures staff have the necessary training and skills to be able to effectively support people's needs.

Staff told us they had access to the manager or other senior staff if they needed it. They told us they felt supported. One staff member said, "It's a small home and we all work as a close team. Information and support is there all the time." However, records showed only one member of staff having a formal record of supervisions. This showed they had been received formal supervision every two months up to June 2017. Records for newer members for staff were not in place. It was concluded supervision meetings had not taken place since the registered manager left in July 2017.

It is recommended the service makes sure staff are being supported formally so that they are able to reflect on their practice, development and performance.

Staff working at the service were not new to the care sector where they would be required to complete the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete. There were no staff currently completing the care certificate.

People had access to a range of healthcare professionals including doctors', district nurses, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. The deputy manager told us there had been occasions when they had requested support from some professionals for people's mental health needs, but that advice had been limited. Staff told us they felt they had to make decisions in a person's best interest without the necessary support they needed. One professional told us they thought the service was, "A friendly and warm environment. It's like a home from home and each time I visit. The staff were always visible and engaging in an activity with various clients. However they also said, "I would be cautious when placing mental health clients, due to the current clientele and would choose carefully as to who would be appropriate and not disrupt or upset the home and current residents."

People had access to a varied and healthy diet. People made their wishes about the food they ate known to staff and were supported to help cook meals. There had been concerns that the kitchen was sometimes locked meaning people had limited access. However, observations we made and discussion with staff about this confirmed the kitchen was only locked at times when staff were away from the area and people would be at risk of harm if they accessed the kitchen alone. The key was accessible at all times and staff were aware of this. A daily food diary recorded people's individual food choices. It showed people had a varied and individual choice. At lunch on the day of the inspection three people were supported to prepare their lunch. All were asked their choice. Some had sandwiches and some had a pasta dish. One person who required a controlled diet due to a medical condition required additional support due to their choice of a high sugar diet. Staff were very aware of the need to try and ensure the person was eating a balanced and low sugar content diet. Care plans recorded people's likes and dislikes regarding food.

The design and layout of the individual service met people's individual needs. People had their own separate rooms. People's rooms and living areas had been decorated and furnished to suit their preferences with their colour scheme and personal effects around them.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The service had submitted applications to the local authority in 2014. This was confirmed by Cornwall Council following the inspection. The service was advised by the local authority DoLS team that the assessment would take some time. We discussed the changes which might have occurred since the submission and the acting manager and deputy manager agreed to submit updated applications with immediate effect. Submissions were confirmed to us shortly after the inspection. Staff training in DoLS had recently taken place so staff understood current legislative guidance and practice.

Is the service caring?

Our findings

There was a positive relationship between staff and people living at Ridgewood. Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner. They were assisted by staff in a patient and respectful way. A staff member told us, "Been here a long time. Love this job and I think we really care about everybody living here." One person was keen to show us what they had bought when out shopping during the morning. The staff supporting them said, "[Person's name] really likes to show off anything they have bought. I think it's great because it makes them so happy." Staff were very understanding when a person became upset and agitated. The staff member gave (the person) reassurance, space and time to settle. This showed the staff understood the person and demonstrated a caring approach.

Staff were very familiar with the vocabulary and methods people used to express themselves including nonverbal cues such as gestures or vocalisations. For example, a person was getting excitable during the morning period. The staff member said, "[Person's name] yes I can see your ready to go out. We can get ready now." It demonstrated staff clearly recognised nonverbal prompts in order to support the person.

Most staff had worked at the service for a long time which meant people were supported by a stable and consistent workforce who knew them well. We found that staff used their knowledge and experience to make sure that people felt happy and settled. Staff recognised that people were individuals and respected what worked for one person would not necessarily be right for another.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Staff responses to our questions demonstrated positive values for example, knocking on doors before entering, if necessary, covering people up to protect their modesty when providing personal care and providing any personal support in private. This demonstrated staff understood how to protect people's right to privacy and retain their dignity

People were provided with the choice of spending time wherever they chose including their own rooms. People were going about their own routines without any restrictions throughout the inspection. For example, being supported playing in board games, spending time in their rooms or watching television. We observed that the TV was on all the time with the sound turned down. Some people were watching the TV for short intervals. A staff member told us, "We keep it on low and in the background because everyone just spends a short time watching it. If we put a DVD on and there are more people it makes more of an event.

Bedrooms were individualised, some with people's own furniture and personal possessions. There were photographs of relatives and social occasions which people had taken part in.

Independence was supported and promoted as staff verbally prompted and encouraged people to do things for themselves if they could. A staff member told us, "Whenever we can we try to encourage independence. Some people need it more than others."

Is the service responsive?

Our findings

People living at Ridgewood liked to use community activities. We were told by staff there were some limitations on going out and supporting people mainly at weekends due to there being less staff available. They said that during the week this was not a problem. People were being supported to go out throughout the inspection and there were enough staff available to support this. Staff told us the service no longer had its own vehicle which had previously been used to visit attractions and community facilities as a group. The acting manager told us, "Where they [People using the service] have mobility allowance it can be used more effectively, using public transport and going out with a member of staff instead of in groups which is institutional." We discussed the potential constraints for this especially at weekends with the acting manager who agreed to review the staffing schedule to improve this.

There were a range of activities suitable for people living with a learning disability or living within the boundaries of autistic spectrum. This included crafts, board games and DVD's. Staff also supported people to bake and use the kitchen under supervision

There was space in shared areas of the service so people could spend time on their own or with others as they chose.

Care plans contained information about people's backgrounds, preferences, and support needs. This kind of information can help staff to engage meaningfully with people. Care plans were regularly reviewed and showed they had been updated where changes had occurred. For example where health appointments had identified the need for action. Each person's care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

Staff knew the people they supported, which helped them to provide a personalised and responsive service. People's supports plans contained information about people's preferences and the areas where they needed support, such as medication, communication and behaviour. They provided guidance for staff in meeting people's specific needs and were individual to the person. For example, staff using an observation tool to identify behaviour prompts and de-escalate behaviours if a pattern began to emerge.

There were systems in place to help staff adapt to changes in people's needs. This included, shift handovers providing staff with information about people's needs and keeping staff informed as people's needs changed. However, this had not always occurred resulting in staff having limited information to respond to changing risks levels.

There was a complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. This was visible to people on the notice board so they were kept aware.

Is the service well-led?

Our findings

The registered manager who was also the nominated individual (Person with legal responsibility for the service) had recently left the service. There is a requirement to register a manager with the Care Quality Commission (CQC), in order to meet a condition of the services registration. The service was currently being managed by the acting manager (owner) of the service supported by a deputy manager.

The deputy manager was working closely with the acting manager with a view to applying for the position of registered manager in the near future in order to meet the requirements of registration. The deputy manager and the acting manager were currently carrying out reviews of policies and procedures and making necessary updates. For example a revised medicine policy.

Systems for reporting incidents were not effective. For example, Where medicine had been reported as missing, no action was taken to raise this as a significant incident. The commission had not been notified and there was no evidence of an investigation or action taken.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The services systems to record and manage risk were not always effective. The service had used a previous placement assessment to manage a person's risk in the service. The person's risk plan was being developed but had not been put in place in a timely manner. This demonstrated governance systems were not operating effectively.

Governance systems were not effective and did not demonstrate clear oversight of the service. Systems and processes were not operated effectively to ensure assessment; monitoring and improvements to the quality and safety of the service were consistently carried out. There were variations in staffing levels specifically at weekends which posed constraints on people's choices. For example accessing community facilities. The staffing rota was not an accurate record which could be relied upon.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the services statement of purpose was out of date by referring to obsolete legislation. It did not accurately reflect the level of service it could provide to people with acute mental health needs. This in part was due to staff not having the level of knowledge and skills to support those people. The acting manager had taken immediate action to reflect on this information and provided a revised document which accurately reflected the level and range of service that could be provided to people at Ridgewood.

Staff meetings took place regularly and were used to discuss operational issues and people's individual support needs. People were asked for their views about the service in annual surveys. The most recent

survey had positive comments from families about their relatives care and support. Comments included, "Quarterly coffee morning at Ridgewood where we can keep up to date," "[Person's name] always happy to return to Ridgewood after home visits." One family member was not happy about the way information was delivered in front of others. They said, "I feel that parents can be kept more informed of changes at Ridgewood and not hear of changes in front of other individuals."

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.

There was a less formal approach to gaining the views of people using the service. One to one discussions and collective discussions took place daily. People's views were sought about topics including activities, decoration of rooms as well as giving people the opportunity to talk about anything they may want to talk about. Staff told us they felt this was more productive. Staff who knew the people well supported them to express their views about things which might affect them. It showed the service was inclusive and valued people by giving them the opportunity to look at what was happening in the service and include any issues or interests which may affect them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure assessment; monitoring and improvements to the quality and safety of the service were consistently carried out. The services systems to record and manage risk were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour Incidents were not always being reported formally with evidence of how it occurred and action to prevent it occurring again.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Lack of consistent staffing levels to meet people's individual needs meant people's choices were at times restricted.