

# FitzRoy Support Ridgemoor

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 11 May 2017.

Ridgemoor provides accommodation and personal care for up to eight adults with physical and or learning disabilities. The home consists of two bungalows accommodating four people each, which is located within a residential housing estate in Leominster. At the time our inspection, there were eight people using the service.

The provider registered the service with the Care Quality Commission (CQC) on 29 July 2016, and had therefore not been previously inspected.

At the time of the inspection there was a registered manager in place at Ridgemoor. 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 registered manager was present throughout the inspection visit.

Care plans for people had not been consistently reviewed or updated to reflect people's current needs, since the new provider had started. Some care plans had not been updated in almost two years.

Most relatives told us the provider had not involved them in decisions about the care and support their family members' received. Whilst they had been involved in annual reviews in the past, these had not taken place for several years. A number of relatives we spoke with told us that they were not in regular contact with staff and did not feel consulted about their relative's care.

The registered manager and two deputy managers divided their time and responsibility between two homes operated by the provider. Whilst most staff spoke positively about the contribution made by the management team, others complained they had no confidence in the management. They believed management focused their time on the other home, and were difficult to contact as a result. They also felt communication was poor and felt unsupported.

Staff knew how to recognise and report abuse to the provider. Systems were in place to protect people who lived at the home by ensuring appropriate referrals were made and action taken to keep people safe.

The provider had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service.

The risks connected with people's care and support needs had been individually assessed.

People were supported by sufficient numbers of staff to safely meet their needs.

People were supported safely with their medicines. Only staff who had received training and been assessed as competent were able to support people with their medicines.

Staff had received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training.

Staff respected people's right to make their own decisions and supported them to do so.

Staff adopted a caring and compassionate approach towards their work with people. Staff treated people in a dignified and respectful manner. People were encouraged to make choices and be independent.

Relatives told us that staff supported their family members to pursue activities and ensured people were mentally stimulated.

There was a system in place to capture and respond to complaints and feedback.

The provider had systems in place which assessed and monitored the quality of care and support staff provided at the home.

## 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.

People's risks were assessed and action taken to minimise risks to them.

The provider ensured there were enough staff on duty to meet people's needs.

People had the support they needed to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff respected people's right to make their own decisions and supported them to do so.

People were supported to eat and drink enough to maintain their health and well-being .

### Is the service caring?

Good ●

The service was caring.

Staff adopted a caring and compassionate approach towards their work with people.

Staff treated people in a dignified and respectful manner.

People were encouraged to make choices and be independent.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and were quick to recognise and respond to any changes in their needs.

People were stimulated in both group and individual activities.

There was a system in place to capture and respond to complaints and feedback.

### **Is the service well-led?**

The service was not always well-led.

Some care plans had not been updated or reviewed to ensure they reflected people's current needs.

Most relatives told us the provider had not involved them in decisions about the care and support their family members received.

Most staff acknowledged that improvements had been made in a number of areas, specifically people's care and the environment.

The provider had systems in place to ensure the monitoring of the quality of the service provided.

**Requires Improvement** 

# Ridgemoor

## 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 11 May 2017 and was announced. We provided 24 hours' notice of the inspection to ensure people and staff were available to speak to us and to tell us their views of the service. The inspection was carried out by one inspector.

Before the inspection, 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. We took this information into account during our inspection.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority for any information they had, which would aid our inspection.

As part of the inspection, we spent time with four people in the communal areas of the home and spoke with three people who used the service. We were not able to have meaningful conversations with people regarding the care they received, due to their complex needs. We also spoke with four relatives and one family friend via telephone calls we subsequently made to them. We spent time observing interaction between staff and people. We reviewed a range of records about people's care and how the home was managed. These included three care records, three medicine administration record (MAR) sheets, two staff files and quality assurance audits.

We spoke with the registered manager, two deputy managers and eight members of care staff during our inspection. We also spoke with an Independent Mental Capacity Advocate, who supported people at the home.

## Is the service safe?

### Our findings

Relatives consistently told us people were safe living at Ridgemoor. One relative told us, "My relative is very safe. They have a good keyworker, who looks after them very well. They (family member) seems very happy and content." Another relative said, "They (family member) are very safe. Hoisting my relative has never been an issue or concern, they have arranged a special chair to support them. They (people) are looked after very safely by staff."

Staff were able to tell us about the risks people faced and the action they would take to support them and keep them safe. One member of staff said, "Each person has risk assessments in place, such as in respect of self-harming or mobility. Some people are at risk of falls so we support them when moving about or when they get agitated." Another member of staff told us, "I'm aware of the risks people face, which are also in their care plan. I know how to reduce risk, for example, people at risk of choking, thickeners are added in their drinks and we ensure they are upright in their chairs when feeding." Another member of staff told us that the current residents had lived at Ridgemoor for a number of years before the new provider. As a result, staff knew the risks they faced and how to keep them safe. The deputy manager told us that they provided training to all staff in dealing with challenging behaviour. This focused on positive behavioural support and pro-active strategies based on understanding people's needs.

Staff told us that following any incidents or accidents they would complete an occurrence reporting form. These forms were then looked at by the management team to identify whether any further action was required to prevent further incidents.

Staff confirmed they had received training in how to protect people from harm and abuse. They were able to describe the different signs of possible abuse and what action they would take if they suspected people were being mistreated. One member of staff told us, "Safeguarding people is a matter I take seriously. If management didn't respond to the concerns I had, I would take action myself by referring direct to an outside agency." We found that there were systems in place to protect people who lived at the home by ensuring appropriate referrals were made. The management team understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures.

We found the provider had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained work and character references about them. These checks helped to ensure that potential new staff were suitable and safe to work with people.

Relatives told us there were sufficient numbers of staff available to meet the needs of their family members safely. One relative told us, "I have no concerns with staffing levels, they may be busy, but they (staff) always have time to chat." Another relative said, "I have never had any concerns about staffing levels, when we have visited." Staff told us that staffing levels were generally fine with any shortfalls being met by agency or bank

staff. One member of staff told us, "Day to day staffing levels are usually ok." Another member of staff said, "Staffing is generally good. When we are short they use agency." A third member of staff said, "Staff numbers are ok, there is enough to support people. However, instead of relying on bank staff, who know the residents, they (management) will use agency staff."

We looked at what arrangements were in place for storing and administering people's medicines. We found all medicines were stored securely in people's rooms. We found Controlled Drugs were stored in line with guidance. Records supporting and evidencing the safe administration of medicines were complete and accurate. Competency checks to ensure staff had the relevant skills and knowledge for the safe administration were in place. Staff told us that the provider had just changed to a different system of administering medicines, known as 'Bio dose,' which they felt was an improvement on the previous system. A 'Bio Dose pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered.

## Is the service effective?

### Our findings

People were supported by staff who had the required skills and training to meet their needs. One relative said, "Staff seem able and professional and good at their job. They appear to be well trained." Another relative told us, "Staff seem professional and well trained and know exactly what they are doing."

Staff told us about the structured induction they received, which had been geared to support their previous experience, followed by on-going training. They also felt they received adequate training to support them in their role. One member of staff told us that they had just been confirmed as the 'moving and handling assessor' for the home and would be undertaking competency assessments of staff. These would be undertaken when required or at least annually. One member of staff said, "I have recently done training in diabetes, challenging behaviour, medication and moving and handling. Training is very good here, they (provider) are always spot on with training. I have also completed my first aid training as well." Another member of staff told us, "I have plenty of training and have just completed my National Vocational Qualification (NVQ) at level two. I have also done training in Mental Capacity Act (MCA), moving and handling involving hoisting people, which is important and medication."

The majority of staff we spoke with told us that they received regular supervision and support from the management team. However, some staff felt that management were difficult to contact if not on site. This was because both the registered manager and deputy managers had to divide their time between two homes. The registered manager acknowledged that there had been challenges with staff as a result of the transition from the old to new provider in addition to their responsibilities for two homes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found people's mental capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made. Care and support was provided in line with the recommendations within people's DoLS. Staff were able to demonstrate that they had knowledge of the principles of the MCA and confirmed they had received training in the MCA. People had access to an Independent Mental Capacity Advocate, who acted as a legal safeguard for people who lacked capacity to make specific decisions.

We asked staff how they supported people, who lacked capacity to make decisions. Staff told us they respected people's right to make their own decisions, and always sought consent before carrying out care tasks. One member of staff said, "With people who can't communicate or don't have full capacity, I will show

them what I want to do and I know from their reaction whether they are consenting or not." Another member of staff told that as people had resided at the home for a long time, they knew by their reaction what they wanted. They would support people with making choices in respect of food, dressing and activities.

People's dietary and nutritional needs had been assessed and managed, with the specialist input of the local speech and language therapy team and others, where required. We observed the lunch time meal, which consisted of two choices, where most chose cooked chicken, new potatoes and salad. We saw staff supporting people with their meals where they needed it. One person who was at risk of choking, was constantly reminded and encouraged to chew their meal fully. The member of staff was patient and explained to the person what they were eating and asked whether it was tasty. The interaction was kind and professional. Staff told us that they would support people to ensure their dietary needs were met and would encourage them to make healthy food choices.

People's health and well-being was monitored by the provider and people were supported to access health professionals as required. Staff monitored people's health on a day-to-day basis, and people's health care needs were met promptly. One relative said, "They (staff) are very pro-active looking after their health, and will always let us know if our relative is not well." One relative told us about a recent meeting they attended with the provider regarding their relative's recent ill-health. It was also attended by the person's key worker, GP and a member of the local learning disability team. A number of health professionals regularly visited their clients at the home, which included speech and language therapists, continence nurse and district nurses.

## Is the service caring?

### Our findings

Relatives told us staff were kind and caring towards their family members. One relative told us, 'I'm very happy with the service. They do everything they can to keep (relative's name) clean and well-fed. They have sought medical help if required and always update me.' Another relative said, 'Our relative is very well cared for. Staff are very welcoming and kind. Our relative is always clean and well presented, no issues.'

We saw many caring and respectful interactions between staff and the people living at the home. Staff had an understanding of people's needs and had developed positive relationships with them. Staff took time to explain to people what they wanted to do such as when supporting them. Staff used appropriate touch to reassure people who became agitated and spent time chatting and reassuring them. Staff were able to demonstrate a good understanding of the people they supported, many of whom had resided at the home for a number of years. We saw staff members supporting people to make choices, who took the time to sit with them and explain options and encouraged their choice.

Staff told us they promoted people's independence and always respected their wishes. One member of staff said, 'People are encouraged to be independent and I support them to do things like choosing their own clothing.' Another member of staff told us, 'We do encourage people to be as independent as much as they can. We have had team meetings to discuss and try to ensure people can be independent, but it's not easy. We always offer choices, but a number of residents are highly dependent on staff.' Another member of staff explained that some people were very dependent, but they still encouraged them to do things such as washing their own faces. They would try to encourage people to retain the skills that they had and was conscious of making people less independent from being over kind.

We found staff promoted people's dignity and respect. One relative told us, 'They (staff) are mindful of people's respect and dignity and ensure doors are closed when people are cared for in private.' Another relative said, 'My relative has a very good relationship with some staff who communicate with them better than we do. They are kind and very respectful towards them.' Staff told us they respected people's privacy and dignity at all times. We saw staff knocking on doors before entering people's rooms and ensuring people were dressed appropriately. One member of staff said, 'I always knock on doors and ensure they are closed when providing personal care. Staff are really aware of it here.'

Some relatives told us they were not always involved or consulted in making decisions about their relative's care. They told us that whereas they had been fully consulted in the past, this was not their experience with the current provider. The registered manager recognised these concerns and confirmed that moving forward as a service, they were intent on engaging with all family more consistently.

## Is the service responsive?

### Our findings

Relatives told us the provider delivered care that met their family member's individual needs and preferences. One relative said, "They are definitely aware of what my relative's health and personal needs are, and on the whole, they are meeting those needs." Another relative told us, "Where I have raised issues, they are quick to respond and sort things. They take on board any suggestions I've made." One independent advocate we spoke with told us they felt the service had improved since the new provider had taken over. They felt the provider had invested time and money in improving opportunities for people by, for example, by engaging a local provider to devise an activity programme for each person. They had also purchased appropriate chairs so that people with physical disability don't have to sit in wheel chairs all day.

Staff we spoke with had all worked at the home for a number of years. They knew the people they supported, which enabled them to provide a personalised and responsive service. Each person had been allocated a 'keyworker,' who was responsible for a person's clothing, finances and personal care. These members of staff also engaged in activities and stimulation for people. We saw people's support plans contained information about people's preferences and the areas where they needed support, such as medication, communication and behaviour. However, we saw no evidence that care plans had been regularly reviewed or updated. The registered manager told us, that they were currently reviewing and reassessing people's needs. This involved consultation with local health care professionals to ensure that people's needs had been identified and were being addressed.

Relatives told us staff supported their family members to pursue activities and receive stimulation. One relative said, "They (family member) used to go swimming, but is now taken out on trips and holidays. They also go up town. They are busy and we are happy they go out." Another relative told us they family member spent a couple of days in Wales with a member of staff enabling them to enjoy new experiences. We found that people attended a number of local activities and clubs, such as Monday Club, Laughter Yoga and Yam Jams. For example, the Monday Club provided activities for people with learning disabilities and included singing and dancing. The registered manager told us that they had reassessed people's needs and were putting in place specific opportunities to meet people's individual needs. For example, a small rural project working with horses and rescue animals for people who loved animals.

One member of staff told us they believed they had seen lots of improvements made since the new provider had taken over, these included improvements to the environment such as decoration and improving facilities and that there was more activities and stimulation for people.

The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints they may have. Relatives told us they would not hesitate to make a formal complaint, but would initially address concerns with staff. They told us they felt comfortable about approaching either staff, or managers directly. People told us they had been asked by the previous provider for their views and opinions about the service through questionnaires. The registered manager told us that when the new provider took over the management of Ridgemoor, they had written a letter of introduction to relatives. Relatives were invited to meet the management team to discuss the future of the home and how

improvements could be made to the provision of services people received.

# Is the service well-led?

## Our findings

The current provider registered with CQC on the 29 July 2017. During our inspection visit, we found care plans for people had not been consistently reviewed or updated to reflect people's current needs. Some care plans had not been updated in almost two years. One member of staff told us, "Care plans have been out of date for years and never seem to have been updated." Another member of staff said, "Care plans are out of date. We have been told management would have them updated, but this has yet to happen and some are very out of date." The registered manager acknowledged care plans had not been updated to reflect people's current needs. They explained that the provider was introducing their own paperwork and that people's needs were currently being reassessed. They agreed that the delay was unacceptable, but that this matter would now be treated as a priority.

Most relatives told us the provider had not involved them in decisions about the care and support their relative received. Whilst they had been involved in annual reviews in the past, these had not taken place for several years. A number of relatives we spoke with told us that they were not in regular contact with staff and did not feel consulted about their relatives' care. They also felt that the new provider was not good at keeping in touch. One member of staff said, "We used to have review meetings with families, but this hasn't happened for a while." The registered manager told us that moving forward, it was their intention to reintroduce regular reviews of care involving families.

The registered manager and two deputy managers divided their time and responsibility between two homes operated by the provider. The registered manager told us that the initial transition from the old to new provider had been challenging, but believed things had settled down. Most staff we spoke with acknowledged that improvements had been made in a number of areas, specifically people's care and the environment. Whilst most staff spoke positively about the contribution made by the management team, others complained they had no confidence in the management. They believed management focused their time on the other home, and were difficult to contact as a result. They also felt communication was poor and felt unsupported. We spoke to the registered manager about these concerns. They assured us a member of the management team was always available during the week on site and that they were currently addressing the concerns highlighted by some staff. The registered manager told us they were committed to providing stability for both residents and staff.

The atmosphere during our visit was relaxed and calm throughout. The home had a positive culture that was person centred and inclusive. There was a clear management structure in place and staff were aware of their roles and responsibilities.

The provider had systems in place to ensure the monitoring of the quality of the service provided. The provider undertook checks to monitor the quality of service delivery. These included auditing of medication records, health and safety and a provider six monthly quality audit check, supported by an action plan. Other checks included environmental issues such as call bells, fire alarms and mattresses. Staff performance and competence was monitored. Staff told us they had staff meetings in which they were encouraged to raise any concerns. The registered manager told us they were part of a 'best practice meeting group' for

managers, where best practice was identified and discussed.

Providers are required by law to notify CQC of certain events in the service, such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.