

# Right Support Management Limited

# Ringstead House

## Inspection report

62 Ringstead Road  
Catford  
London  
SE6 2BS

Website: [www.rightsupportmanagement.co.uk](http://www.rightsupportmanagement.co.uk)

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08 November 2023

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ringstead House is a residential care home providing accommodation and personal care for up to 4 people in 1 adapted building. The service provides support to younger adults and adults with learning disabilities and autism. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

#### Right Support:

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 were supported in a safe, clean and well-furnished environment.

Right Care: People's equality and diversity was promoted. Care workers understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care, and their privacy and dignity were respected.

Right Culture: People were supported by care workers who understood best practice in relation to the strengths, impairments and sensitivities of people with learning disabilities. Staff turnover was low, which supported people to receive consistent care from care workers who knew them well. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Although Deprivation of Liberty Safeguard applications was made to the local authority in May 2023 by the previous registered manager, these applications were not followed up after the registered manager left the service. We found people did not have Deprivation of Liberty Safeguards in place. This was discussed with the management team and new applications were made after the inspection.

The provider had a range of policies and procedures in place which ensured people's care, treatment and support promoted a good quality of life based on the best available evidence.

The provider ensured care workers had appropriate training and experience to keep people safe from abuse and avoidable harm. People were treated with dignity and respect and were treated with compassion and

kindness.

The relatives we spoke to told us they thought that their family members were well cared for, and the home was well managed. A relative told us, "[Family member] has been there for a long time and they are better, their diet is good and they socialise a lot. [Family member] is happy."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was good (published 07 February 2018).

Why we inspected

The inspection was prompted by a review of information we held about the service.

Enforcement and Recommendations

We have identified a breach in relation to safeguarding service users from abuse and improper treatment.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

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 are responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Ringstead House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### Service and service type

Ringstead House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ringstead House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous registered manager had left the service on 14 October 2023. A new manager had been appointed and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

We visited the service on 31 October 2023 and 8 November 2023.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 2 care workers, the quality assurance manager, the home manager, the team leader and the managing director of the home.

We reviewed a range of records. This included 3 people's care and medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, complaints and building audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, policies and processes in place to safeguard people from the risk of abuse and harm.
- People were supported by care workers who knew people well. They had received training in safeguarding adults and understood how to keep people safe.
- Relatives told us care workers would contact them straight away if there were any concerns

Assessing risk, safety monitoring and management

- People's care needs were robustly assessed prior to the delivery of care. Risk assessments and care plans were reviewed regularly.
- Care records were comprehensive, concise, accurate and up to date. Daily logs were legible and ensured accurate and well-informed handovers could proceed between shifts.
- People had as much freedom, choice and control over their lives as possible because care workers managed risks to minimise restrictions.

Staffing and recruitment

- The provider had processes in place to ensure recruitment was safe. The recruitment process included gathering references from previous employers to gauge the suitability of care workers. Checks also ensured eligibility of right to work in the United Kingdom checks were accurate and up to date.
- All care workers were required to pass a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough care workers to support all people to take part in their scheduled daily activities and attend appointments as required. The numbers of care workers available and their skills matched the care needs of people at the service.
- Care workers told us they completed an induction, and job shadowed before they begun caring for people.

Using medicines safely

- Care workers followed the policies and procedures to ensure medicines were managed safely. Care plans contained adequate information about people's medical support needs, including information about allergies and dietary requirements.
- People were supported by care workers who were trained to administer medicines safely. The service worked closely with the pharmacy and the GP to support the safe administration of medicines.

- Medicines records were reviewed regularly. We saw no discrepancies between the amount of medicines administered and the amount of medicines which remained on site.
- Medicines were kept safely in a locked cabinet, in a room which was constantly monitored by staff, or locked when empty.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe. There were good arrangements in place to keep the home clean and hygienic. We saw that the home was clean and tidy throughout.
- Care workers told us they had access to personal protective equipment (PPE). We saw PPE being used effectively and safely in the home.
- Care workers had completed training courses on preventing the spread of infection. We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider's infection prevention and control policy was effective and up to date.

#### Visiting in care homes

- People were not restricted to having visitors at the home. Relatives told us there were no issues with visiting their family members.
- The home had a lounge and a garden where visitors could sit with people away from their bedrooms during visits.

#### Learning lessons when things go wrong

- The provider had processes in place for the recording of incidents. Follow up actions and preventative measures were also recorded.
- We saw evidence of staff meetings where issues and incidents were discussed. The home had a feedback book so relatives and visitors could give feedback on what they thought of the service.



# 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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, the home was supporting people who lacked capacity to independently make day to day decisions relating to their care. However, there were no DoLS in place for people. This was discussed with staff on site. After the inspection we received information to support the previous registered manager had made DoLS applications, but the progress of these had not been followed up, therefore were not in place. After the inspection, we saw evidence to support new DoLS applications were made.

This is a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulation 2014 Safeguarding service users from abuse and improper treatment.

- Care workers told us they understood the principles of the MCA. A care worker told us, "The Mental Capacity Act empowers vulnerable individuals to make decisions about their everyday lives. This includes choosing what to eat, how to dress, and whether to go shopping for themselves."
- Care workers told us they always ask for consent before providing support with personal care.

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

- The provider had measures in place to ensure people's needs and choices were assessed and

documented prior to the delivery of care.

- The provider worked closely with relatives, the local authority and health care professionals to ensure people's support needs were appropriately met.
- Care plans reflected a good understanding of people's needs in relation to daily activities, communication support needs, goals and aspirations.

Staff support: induction, training, skills and experience

- Records showed all care workers received adequate training to support people with their care needs. Training included mandatory training on learning disability and autism, equality and diversity, safeguarding adults and administering medication.
- Care workers told us they completed a period of induction at the beginning of their employment. They also told us they received regular supervision and could request additional training as appropriate.

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

- Care workers supported people to eat and drink enough to maintain a balanced diet. People went shopping with care workers for their food shopping and for takeaways.
- The home catered to people's individual dietary requirements in relation to health, cultural preference. People had labelled shelves in the kitchen which contained their own personalised shopping.
- Care workers supported people in preparing and cooking their own meals. People were able to eat and drink in line with their personal or cultural preferences and beliefs.
- Care workers kept a daily log of people's food and drink intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with local authorities and health care professionals to ensure they were able to support people access healthcare services as required. We saw a care worker supporting 1 person to attend a dentist appointment.
- The service ensured people were provided with joined-up support so they could travel to a variety of health services as required. People were also able to attend colleges, gyms and social events.

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

- People's care and support was provided in a safe, clean, well-furnished and well-maintained environment.
- People's rooms were personalised with their own items. People were included in decisions relating to the decoration of their rooms.
- People were able to move around the home easily in a homely environment.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

- Care plans documented protected characteristics and captured information about people's life histories. This enabled person-centred care to be provided to support people while respecting and promoting privacy, dignity and independence.
- At the inspection, we saw people being treated with kindness. Care workers supported people with dignity and respect. A care worker told us, "I have also made an effort to learn what matters most to service users and have supported them with their needs, building mutual respect and trust."
- The provider ensured care workers received training in equality, diversity and inclusion.

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

- People had individualised weekly timetables of activities and appointments which care workers would support them to attend.
- People were able to express their views and wishes in relation to their care. Action plans were drawn up and implemented to support people to manage their daily routines effectively.
- Care workers respected people's choices wherever possible, and accommodated their wishes, including those relevant to protected characteristics.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The home catered to people's individual dietary requirements in relation to health and cultural preference. People had labelled shelves in the kitchen which contained their own personalised shopping.
- Care workers told us they had time to review care plans before they delivered support.
- People were encouraged to maintain daily living skills, they were supported with cooking, or preparing their laundry and shopping for food.
- Care workers took people for trips in central London. Interaction between people and their relatives were encouraged. We saw evidence of birthday celebrations with people and their relatives in the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an Accessible Information Standard policy in place.
- Photographs were used on menus and on people's weekly activity boards to help them understand what was likely to happen throughout the day.
- Care workers had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- The provider had a complaint, suggestions and compliments policies and procedures in place. There was a box near the entrance of the home where people were able to give feedback with their opinion on the home and the care received.
- Relatives told us they knew how to make complaints and knew who to contact in order to do so. A relative told us, "I have no complaints, I am happy with the care [family member is receiving]"

End of life care and support

- The provider had an end-of-life policy in place. People were able to document care and support wishes for end of life on their care and assessment plans if they wished to. At the time of the inspection the service had no people with end-of-life support requirements.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We were not assured the provider was fully aware of the requirement for implementing DoLS for people who were not able to make decisions for themselves. Although the previous registered manager had made DoLS applications, these applications had not been followed up. People at the home did not have DoLS authorisations in place.
- The service had a range of quality assurance systems. Governance processes relating to keeping people safe and providing a good quality of care and support was effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture in the home. Care workers and staff told us they could speak to senior managers whenever they needed to. Staff told us senior managers were supportive and understanding, and this empowered all staff to deliver good support to people.
- There was good communication amongst staff at the home, which created positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had failed to notify CQC of 1 incident that occurred at the service prior to the inspection of which they had a legal requirement to do. We discussed this with the management team. The notification was submitted after the inspection. We reminded the management team of their responsibilities to notify the CQC in a timely manner of relevant incidents.
- We saw evidence which supported the provider understood the requirement to document and investigate incidents when things had gone wrong. They understood the requirement to communicate with relevant people what had happened, and what measures they would put in place to prevent repetition of incidents.

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

- Care plans were created with input from relatives and health professionals. Plans and risk assessments detailed people's protected characteristics so appropriate care could be delivered to people.
- Relatives had access to people's care plans and risk assessments and were able to comment and give feedback about the content they contained.

Continuous learning and improving care; Working in partnership with others

- The provider ensured care workers had good quality training to meet the needs of the people using the service. The managing director informed us of plans for all staff to have refresher training in all aspects of care to improve the care and support the home would provide for people.
- The provider had a clear vision for the direction of the service, which demonstrated a desire for all staff and people to achieve the best outcomes possible.
- The provider worked with other organisations, including local college and community centres to improve care and support for people using the service. The provider was involved in engagement groups which aimed to improve care services in the local area.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not ensured that people were deprived of their liberty with lawful authority.