

Matley-Jones Brown Limited

Ridgewood

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?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Ridgewood on 3 & 5 December 2018. The service is registered to support up to 12 people with complex needs who have a learning disability and/or mental health conditions. At the time of the inspection there were 6 people using the service.

Ridgewood Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Ridgewood is a detached house in a residential area of Camborne. It has two floors and 12 individual rooms. Refurbishment work was underway on the first day of the inspection. This was to improve kitchen, communal bathing and en suite facilities. On completion of the work the service will have 5 rooms with en suite facilities. There were bathing facilities on each floor. A wet room had been added to a bathroom as well as a separate shower facility in another bathroom. There was a lounge and separate conservatory. A previous quiet lounge had been converted to a kitchen preparation area as well as a main kitchen used to cook meals. There was a rear garden area.

A manager was in post, and had applied to be registered with the Care Quality Commission. The manager was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 19 October 2017. In October 2017 we found 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 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 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.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

Since the previous inspection the Nominated Person [A person who has overall responsibility for supervising the management of the regulated activity] had changed. They had introduced new recording and management systems and reviewed all operational systems for the governance of the service. This had been carried out with the manager who had experience of working at a senior level. New governance systems had been put in place including reporting of accidents and incidents. Audit systems relating to accidents and incidents were in place so the manager could identify any patterns or trends to mitigate the possibility of it occurring again.

Medicine administration systems had been reviewed. Weekly auditing processes meant any omissions and stock control issues were being identified and managed more effectively. Staff understood the importance of dating creams when opening them and records to record the application was being maintained.

Risk assessments included details of identifying the risk to the person and how this was going to be managed. Risk assessments were in place for people living at Ridgewood. People's individual care needs had been assessed for risks related to aspects of daily living and these were reviewed regularly.

Staffing levels had been reviewed and changes to shift patterns meant there was more flexibility in how the service was staffed. There were sufficient numbers of staff deployed to meet people's needs. This meant people were supported to take part in activities when they wanted to.

The service learned from accidents and incidents. An additional night staff post had been put in place following a review after an incident. It was identified that one member of staff had found it difficult to alert an on-call staff member due to the presenting situation. By creating an additional post, it meant accidents and incidents could be responded to more effectively.

People told us that they felt safe with the support they received from staff at Ridgewood. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they should take if they suspected abuse.

Staff records showed the recruitment process was robust and staff had been safely recruited. Training was up to date, and the staff team were supported through supervision and appraisal sessions.

The care service was established before the development of the CQC policy, 'Registering the Right Support' and other current best practice guidance. This guidance includes the promotion of values including choice, independence and inclusion. The service was working with people with learning disabilities that used the service to support them to live as ordinary a life as any citizen. For example, people's bedrooms offered space and privacy. There was access to activities both at the service and in the community.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. Where restrictions were in place to keep people safe the best interest process had been followed to check restrictions were necessary, proportionate and the least restrictive practice.

The service was undergoing a refurbishment programme to improve the environment.

There were effective quality assurance systems in place. People, staff and relatives had opportunities to make suggestions about how the service could be improved. Staff described the management team as approachable and supportive.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the service. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the service. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received suitable training.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The manager and staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service remains Caring.

People were supported to make decisions for themselves.

We observed people were supported by caring and attentive staff who showed patience and compassion.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to develop their daily living skills and to maintain relationships that were important to them.

People were listened to and their comments acted upon.

People had access to a range of meaningful activities.

People told us they felt their comments and concerns would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well-led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance systems were in place and, where applicable, action was taken to make improvements.

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 3 and 5 December 2018. The first day was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We looked around the premises and observed staff interactions with people. We spoke with three people living at the service, the manager, two members of staff. Following the inspection, we spoke with one relative. We looked at care records for two people, staff training records, staff files and other records relating to the running of the service. We also contacted two external professionals to hear their views of the service.

Is the service safe?

Our findings

At the previous inspection in October 2017 we found the service was not being staffed consistently. Peoples choices were restricted specifically at weekends when there were not enough staff to support people to go out into the community.

We checked the actions taken by the provider since the last inspection. Staffing levels had been reviewed and shift patterns were changed to provide more flexibility. This meant people were being supported to take part in activities throughout the week and at weekends. People were supported to go out on a one to one basis or in some instances, in small groups because they collectively wanted to go to an event. For example, on the second day of inspection three people were going to a regular evening event. One of the people told us they liked going together and had been enjoying the event for some time.

We found the service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

During the inspection of October 2017, we made a recommendation to improve the medicines systems. This was because we found 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.

At this inspection we found the medicines management systems had been reviewed. Additional safeguards had been put in place to ensure medicines were regularly audited. Where staff administered medicines, it was witnessed by another. Prescribed creams were signed on opening to ensure staff knew how long they were effective for. A staff member told us the changes had made them feel more secure and confident that any errors would be identified quickly and responded to.

People and visitors told us they felt the home was a safe place to live. Comments used to describe the home included, "It's been home to [Person's name] for a long time and they love living there. Some have been living together for many years now. I know [Person's name is safe]" and "Yes, I do feel very safe living here. The staff are very good and helpful."

A safeguarding policy and information how to report any concerns was available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in supervisions and staff meetings. Staff were knowledgeable and able to describe to us what they would do if they suspected any harm.

People's care plans included risk assessments of activities associated with their lives at Ridgewood. They contained information for staff about how to support people safely without restricting people's choice. For example, when staff supported people to go outside they were aware of the potential risks. This included road safety and situations which prompted behaviour patterns which might pose a hazard in public.

If accidents and incidents took place staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Following the review of one incident, an additional staff member had been introduced at night to 'sleep in'. This ensured that if an incident or emergency occurred during the night there would be immediate support.

The provider's recruitment procedures included all the required pre-employment checks. These included identity checks, two references and Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to vulnerable people out of the workforce.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. Comments included, "I love living here and love the staff," "I feel the staff know the needs of residents and how to support them."

Observation made, where people lacked verbal communication, demonstrated people knew the staff well. A staff member was sitting with two people. Communication was taking place, using facial expressions, staff talking slowly making sure the person could see their face. One person liked to use their own style of sign language but did not like staff using it to respond. It was evident the staff understood the persons sign language and communicated effectively.

During the inspection in October 2017 we made a recommendation for the staff to receive training in mental health so that they had the knowledge and skills to support people living at Ridgewood with those needs. At the time the manager was completing a national vocational qualification in mental health. No other staff had undertaken any specific mental health training.

During this inspection there was nobody living at the service with mental health needs. The service had produced a revised Statement of Purpose [A document stating what the service does and who it does it for]. The service removed the statement that they would provide specialist services for people with mental health conditions and therefore this was no longer a training issue.

Staff told us the level and range of training had improved since the previous inspection and that there was more face to face training. A staff member said, "We are kept up to date with all our training. It much better that we have a trainer to deliver it."

At the previous inspection we made a recommendation for staff to receive more support from the manager through supervision. At this inspection we found improvements had been made. Staff told us they felt 'very' supported by the manager. One said, "There have been a lot of changes but we [staff] are really supported well by [manager name]. They are always available if you are not sure of anything and the office door is always open and you are made to feel welcome. Supervision records showed these sessions occurred regularly. The manager told us they were planning to introduce competency supervisions so staff could demonstrate their competencies. For example, administering medicines.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate if they had not worked in a care setting before. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff.

People's needs were assessed to help ensure their physical, mental health and social needs were known

and recorded in a range of care plans. For example, when a person was very quiet, and at times, liked to be on their own, there was suitable staff guidance to support the person.

Care records showed people continued to have access to external health and social care services to monitor and maintain their health and well-being. Information about external professional reviews and appointments was clearly recorded in care records to ensure staff were aware of any changes in needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. There were two authorisations in place relating to specific decisions in the person's care records. When people were assessed as lacking capacity to make specific decisions the best interest process had been followed. The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

There was no specific use of technology but the organisational policies and procedures were kept on the managers lap top and used by staff for any updates. There were wi-fi connections to support access to the internet for three electronic tablets. The organisation was considering the introduction of an electronic care planning system. Staff told us they thought the planned change would be beneficial.

People were supported to make decisions about what they ate and drank. They were encouraged to be involved in meal preparation and planning. People were supported to have varied and healthy diets. A new kitchen had been installed and it was going to be used to support people to prepare their own meals. They would have their own cupboards, choice and range of food and staff would support them as part of their person-centred care.

There was major refurbishment taking place at the time of the inspection. This had meant some disruption for people using the service. However, prior to work commencing the manager and staff had spoken with people and families about it. It had been collectively agreed that during the first part of the refurbishment alternative accommodation would be used so that lounge, dining and kitchen areas could be completed. One person told us, "I was very happy especially when I had my music with me." People had returned on the first day of inspection. On the second day work was continuing the upper floors replacing bathrooms and adding some en suite facilities. Health and safety notices were in place and areas of work closed off to make sure people stayed safe.

There was currently no requirement for equipment to support people with limited mobility. The passenger lift was decommissioned and not in use. This meant upper floor could only be occupied by people who could walk up and down the stairs.

Is the service caring?

Our findings

People using the service described the staff as being kind and caring. Comments from two people included, "I am cared for" and "I like the staff." A relative told us, "The care is very good. I have no worries," "They [staff] are very patient and caring." They told us they could visit whenever they wanted to and there were no restrictions. They said they were always made to feel welcome.

Staff supported people appropriately with family and other personal relationships. The manager told us people had regular phone and email contact with families according to their preferences. People's privacy was respected. Staff recognised people's rights to privacy and people were supported to use their rooms when they wanted to. People who sat alone engaged in a personal activity like reading or drawing were not disturbed by care staff. Bedrooms and people's individual living areas were personalised and reflected people's tastes and interests.

We observed care staff supporting people with kindness and compassion. They did this by supporting people in ways that showed they mattered to them. A staff member held a person by the hand when asking them about their wellbeing. A staff member actively participated in making paper chains for decoration. These interactions with people meant that they were supported to feel involved and not feel isolated. We heard staff and people sharing jokes and laughter. Staff interactions were kind and gentle, they comforted a person who responded with gestures that they appreciated the support they were receiving.

Discussion with the staff revealed that people who used the service had a range of needs and, diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010. This included, age, disability, gender, marital status, race, religion and sexual orientation. The service was accommodating of people's needs and staff responded well to the diversity within the home and understood the importance of treating people individually.

All the staff we spoke with were knowledgeable about people's needs and could describe these to us. Staff could explain their roles and responsibilities especially relating to how they cared for people. They told us, "We [staff] have got to know them all so well, their likes, dislikes and their routines and little ways." The manager spoke with pride about the staff team and how passionate they were to do a good job. They said she credited their commitment and motivation.

The manager told us the service was driven by the values they promoted and upheld such as, caring, being mindful and being reliable.

Care plans contained information about people's histories and backgrounds. This information was important as it helped staff gain an understanding of the events which shaped the person. The manager spoke with us about balancing the need to protect people's privacy and personal information with making sure staff understood people's needs.

People were treated with dignity and respect by all the staff and the manager. We observed people had their

privacy maintained and staff spoke to people in a respectful and courteous manner.

Is the service responsive?

Our findings

We observed staff supporting people, and being attentive and responsive to people's needs. People, and a relative, told us they thought the service was responsive. One person told us the staff supported them to go to the doctor's appointment. A relative told us the impact of having staff who responded well to people had, "Made such a difference and taken the weight off my shoulders to some degree" and "I have confidence in [Persons name] is getting the care they need. I don't feel I need to worry."

At the previous inspection in October 2017 we found there were some restrictions in the way people could access community facilities. This was because staff were not always available specifically at weekends in numbers to support them. As reported in the safe section of this report this had now improved because staffing rotas showed staff working at more flexible times and in numbers which supported people's choice. The focus was for activities to take place when people wanted them to. More one to one support was in place rather than people having to go out collectively. This showed the service was more responsive to individual needs.

Care plans were generally person-centred and detailed people's individual needs and preferences. However, they were not written in the first-person tense which would make it more personal by using the person's voice. Each person had a care plan for most aspects of their daily lives in which they needed support, such as personal care, mobility, social needs and nutrition.

The service ensured all needs [not just physical needs] were met, such as social, emotional and religious. For example, supporting people in community activities and engaging in activities in the service to stimulate social inclusion. This meant information was available to staff to ensure they provided care and support in the way a person preferred. Initial and on-going reviews were carried out to ensure the service continued to meet people's needs appropriately.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had 'hospital passports' these included information about the person in an easy read format so that if they needed health appointments or hospital admissions. This ensured personal information about people, including needs, wishes and preferences was available in urgent situations or when they were unable to make their views known. These could then be considered by staff and other external professionals such as paramedics and doctors, who are required to provide additional care and treatment. 'Hospital passports' are used when people move between the service and a hospital to ensure effective communication.

Any significant incidents were recorded in individual daily diaries. These required staff to describe the

circumstances leading up to an event, the event and any possible triggers. This meant any patterns or trends could be recognised and strategies put in place to minimise the risk of the situation reoccurring.

Any changes in needs or how care and support was delivered were recorded and care plans and updated accordingly. Staff had handovers between shifts to help ensure they were up to date with people's needs.

We observed people participating in activities at Ridgewood. They clearly enjoyed these and took pleasure in showing us what they did. There was a wide selection of games, DVD's and jig-saws that people choose from. We observed people playing games, choosing a television programme and socialising with other people and staff. A kitchen had been created to support people to be more independent in meal preparation. People were being encouraged to be independent in making choices for their food and clothes shopping. Some people told us they liked going out and that they had been shopping. Another was looking forward to going to a social club that evening. A family member told us they took their relative home every Sunday for lunch and they all looked forward to this very much. One person was supported to volunteer for two days a week at a local charity shop. The manager told us this had made a significant positive impact on the person wellbeing and mood. These activities supported people to not only follow their interests but also to maintain friendly relationships with other people which meant they were protected from social isolation.

There was a complaints procedure in place. The registered manager described the action they would take to manage a complaint effectively. Everyone we spoke with were very complimentary about the service and could not provide any examples of when they had needed to make a complaint. People told us they were confident about raising any issues with the staff and felt they would be listened to and have their issues responded to. A relative told us, "If I have any concerns at all I talk about them. We work as a team and I feel listened to."

Is the service well-led?

Our findings

At the inspection of October 2017, we found the 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.

At this inspection we found the Nominated Person and manager had acted to address this. There were now robust reporting systems in place for any incidents. Processes included action taken once an incident had been reported, who was responsible and the outcome with any recommendations to mitigate future similar incidents. Since being introduced no incidents requiring this action had occurred.

We found the service was now meeting the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

At the inspection of October 2017, we found the systems to record and manage risk were not always effective. Governance systems were not always operating as they should to improve outcomes for people. Lack of management oversight in risk planning and management of people's care meant governance systems were not effective. 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.

At this inspection, we found governance systems had been improved and were effective, showing the provider had a clearer oversight of the service. Systems and processes were now operating effectively to ensure assessment; monitoring and improvements to the quality and safety of the service were being used consistently. A more effective governance system had improved staffing deployment which had resulted in positive outcomes for people. This allowed people more choice in leading a more active and fulfilling life. We also found records were accurate and the provider had taken action to address the recommendations made in the previous inspection in October 2017.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they enjoyed working at the home and the morale was good. One member of staff said, "There have been a lot of changes the manager is very supportive and the changes have been positive."

A relative was positive about the service. They told us the manager was visible in the service and everyone knew them by name and sight. They told us, "I have a lot of confidence in [manager's name]. They keep us up to date with what's going on" and "I know I can just walk in anytime. They [manager] takes things on board."

There were clear lines of responsibility and accountability within the service. The manager oversaw the day

to day management of the service and was visible to staff and people daily. They were supported by senior support workers and had regular meetings with the nominated person who made regular visits to the service. The manager told us the support they received was "very good and very helpful. I am so pleased to know that I have the support when I need it."

Staff meetings were held regularly and these were an opportunity for staff to raise any concerns or suggestions. Staff told us meetings were useful due to all the changes which had occurred in recent months. For example, improving the environment, revised records and expectations of staff.

Staff turnover was generally low and most had worked at the service for several years. Staff told us they worked well together as a team and felt valued. Comments included; "We are a close team and work well together" and "I love working here." A relative said, "I have every confidence on the manager and staff."

A variety of audits and checks were carried out to ensure that people received safe, high quality care which was provided by competent staff. Our observations and findings on the day of the inspection confirmed that there were effective quality monitoring systems.

People's views were considered through surveys. A recent survey was carried out and the results positive. They were carried out by staff speaking with people and were also supported by relatives. There was no current 'easy read' or pictorial questionnaires which would support a more independent approach to gaining people's views. However, there were plans for new improved records to be in place for the next survey.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included, healthcare professionals including GP's and district nurses.