



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

361 The Ridge

**361 The Ridge
Hastings
East Sussex
TN34 2RD**

Lead Inspector
Nigel Thompson

Unannounced Inspection
19th February 2009 11:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	361 The Ridge
Address	361 The Ridge Hastings East Sussex TN34 2RD
Telephone number	01424 755803
Fax number	01424 756941
Email address	
Provider Web address	www.caremanagementgroup.com
Name of registered provider(s)/company (if applicable)	Care Management Group Ltd
Name of registered manager (if applicable)	Mrs Patricia Turner
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only (PC) to service users of the following gender: Either

Whose primary care needs on admission to the home are within the following categories:

Learning Disability (LD)
2. The maximum number of service users to be accommodated is 10.

Date of last inspection 25th March 2008

Brief Description of the Service:

361 The Ridge is a care home, which provides personal care and accommodation for up to 10 people with learning disabilities who may present with associated physical needs including age related conditions. The home is owned and run by Care Management Group (CMG) which is a large national organisation.

The home is a large detached property, located on a main road on the outskirts of Hastings. There is nearby access to local amenities including shops and leisure facilities and to public transport. Some car parking is available at the home.

The building was upgraded and totally refurbished to a high standard, before the first resident was admitted in November 2005. Accommodation is provided over two floors comprising of 10 single rooms all with en-suite facilities. In addition there are three communal bathrooms all with overhead tracking hoists. The home has a good-sized lounge/through dining area and separate kitchen. There is a passenger shaft lift available to allow access to both floors.

The home provides personal care and support to residents who are funded by Social Services. The home's fees as of the day of inspection ranged from between £1200 - £1600 per person per week. Additional costs are charged for hairdressing, toiletries and external leisure activities (£ variable).

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This key unannounced inspection took place over three and a half hours in February 2009. All of the key National Minimum Standards that were assessed were found to have been met or partially met and the outcomes for service users and overall quality of care provided was good.

Service users spoken with during the inspection expressed satisfaction with the home, the staff and the service provided.

The purpose of this inspection was to monitor care practices at the home and the focus was on the quality of life and outcomes for people who live at the home.

On the day of the inspection there were ten service users living at the home.

In line with the Commission's commitment to raising standards of social care and as part of the improved methodology for inspections, I was accompanied on my visit to the home by an 'Expert by Experience'. The man, who himself has a learning disability, was supported throughout by his 'Personal Assistant'.

Inevitably, with his unique insight, he had a very different perspective on how the service meets the assessed care and support needs of individual service users. His invaluable contribution enriched the inspection process, was appreciated by service users and staff alike and provided a positive experience for all concerned.

It is to be noted that comments from the 'Expert', included in this report, appear in italics.

The inspection itself involved a tour of the premises, observation of working practices, examination of the home's records and discussion with five service users, three members of staff and the Registered Manager.

Information received in the Annual Quality Assurance Assessment (AQAA) and responses from a service users' survey, regarding their views on the home and quality of care provided, now form part of the inspection process and have also been included in this report.

What the service does well:

361 The Ridge is an established, well managed and generally well maintained service that continues to provide very good quality care and support for the people who live there.

The comfortable, relaxed and welcoming environment has improved over recent months and reflects the new-found stability and commitment within the staff team and the open and inclusive management style.

Service users are enabled and supported to take part in a comprehensive range of educational and leisure activities, reflecting their individual interests and preferences, both within the home and in the wider local community.

What has improved since the last inspection?

Improved policies and procedures are in place for the admission and ongoing care and support of service users. Effective communication and consultation systems enable service users to be directly involved in developing and reviewing their individual support plans as well as many decision making processes within the home.

Staff training and development has evidently been a focus for improvement since the previous inspection with the implementation of 'Fulfilling Potential', an on line training and development portfolio, which also includes a comprehensive induction programme.

What they could do better:

The reviewing and upgrading of the care planning system is ongoing with the gradual introduction of individual person centred plans.

Documentation, including the Statement of Purpose is also in need of reviewing and updating, so as to accurately reflect the current situation within the home and recent changes regarding the wider organisation.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by

contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3 & 4

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The improved admission policy and procedure ensures that service users are admitted only on the basis of a full needs assessment, undertaken by people competent to do so. Prospective service users know that the home is able to meet their individual care and support needs.

EVIDENCE:

It was noted that there have been no admissions to the home the previous inspection.

However the manager confirmed that information made available to prospective and existing service users is in the process of being reviewed and updated. Although evidently 'work in progress' certain documentation has been completed in draft form and it was noted that the Statement of Purpose and Service User Guide have been thoughtfully and imaginatively developed and are both comprehensive and informative.

It is understood, from discussion with the manager, that the upgrading of documentation that has already taken place will be 'rolled out' in respect of all

service users and therefore no requirement has been made in respect of this matter.

Welcome improvements to the admission process have recently been implemented by the organisation. A full and robust admission policy and procedure, made available for inspection, contained details of the thorough assessment process, evidently undertaken by the manager, to identify an individual's care and support needs.

The manager confirmed that prior to moving in, a prospective service user would be invited to visit the home to look around, meet people and generally get a feel for the place. On moving in, a flexible trial period is provided to establish whether the individual's assessed needs are able to be met and decide on their suitability for the home and their compatibility with existing service users.

The Service User Guide and Safeguarding People is in easy read so residents know what to expect when they come into the home.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6,7 & 9

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Service users' care plans must be updated to enable staff to meet assessed needs in a structured and consistent manner, reflecting changing support needs. Systems for consultation and participation remain effective and service users are treated with respect and encouraged and enabled to make decisions about their day-to-day living.

EVIDENCE:

'Person centred' support plans have been developed and implemented for each service user.

Individual plans that were examined contained personal risk assessments and comprehensive details of their physical, psychological and emotional support needs.

However, it was noted that some plans had evidently not been regularly reviewed and many details had not been updated since 2007. As discussed with the manager, it is important that individual plans are kept up to date and well maintained, so as to accurately reflect the changing care and support needs of service users.

Independence and individuality is evidently encouraged and promoted within the home and is reflected in the personalising of service users' rooms, the choice of bedclothes and colour schemes and individual preferences for occupational and leisure activities.

Service users are evidently encouraged and supported to make decisions regarding many aspects of their daily living, including menu planning, what clothes they wear and how they spend their day.

Staff spoken to during the inspection confirmed that, despite the variable and limited verbal communication of some service users, effective and regular interaction and consultation takes place constantly throughout the home. This was evident from direct observation of staff supporting service users in a professional, sensitive and respectful manner.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16 & 17

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

Service users are enabled and supported to maintain contact with family and friends as they wish and effective links with the community enrich their social and educational opportunities. Service users benefit from appropriate recreational and leisure activities and menus that are balanced and nutritious, reflecting their individual likes and preferences.

EVIDENCE:

At the time of the inspection, some residents were doing colouring, one of them was doing puzzles, one was just chilling out, two were watching TV and another resident was out shopping with staff.

One resident said that he likes gardening and will be doing a garden project to plant herbs.

Residents' independence is promoted in the home as was evident while at the home, one resident hovered the dining room after lunch.

Residents are supported to do what they like. One resident said, "I like bowling and staff take me bowling when I want to."

The font used on the menu in the kitchen is not easy to read and there is no picture format of the same.

The manager confirmed that wherever possible and appropriate, links with friends and relatives are encouraged and supported, however not all service users have regular family contact.

The recreational and leisure interests of service users are identified and recorded in their individual care plan and they continue to be supported to access activities and facilities, reflecting their individual needs, preferences and abilities. This was evidenced from care plans examined and through discussion with staff and service users.

Menus are varied and balanced and are based on service users' identified likes and preferences. An alternative to the main meal is always available and a copy of the menu is displayed. A member of staff confirmed that all care staff are expected to partake in cooking duties, however service users are not generally involved in meal preparation.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 & 20

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

Staff have developed close and positive relationships with service users and demonstrate an awareness and sound understanding of their individual care and support needs. Service users are protected by improved, clear and comprehensive policies and procedures in place for the control and safe administration of medication.

EVIDENCE:

The minutes of the residents' meeting was pinned on the notice board in the dining room, but was not in easy read or picture format.

In accordance with their individual care plan, service users are fully supported and enabled, as far as practicable, to exercise control over their lives and maintain maximum levels of independence and individuality.

During the inspection, staff were observed interacting with service users in a professional and respectful manner.

Service users spoken with during the inspection expressed general satisfaction with the care and support they receive:

'They do ask me what I like - most of the time!'

Documentary evidence was in place to demonstrate that the health and emotional care needs are continuing to be met within the home.

All service users are registered with local GPs and have access to other health care professionals, including district nurses, physiotherapists and dentists, as required. It was noted, in care plans that were examined, that all appointments with, or visits by, health care professionals are recorded.

Up to date and detailed policies and procedures relating to the control, storage, administration and recording of medication are in place. Medicines are stored and recorded appropriately. All staff, responsible for administering medication, have received appropriate training and are individually assessed and authorised to do so.

This was confirmed through discussions with staff and supported by training records examined.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 23

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

The home's complaints procedure ensures that residents, staff and visitors feel able to express any concerns, confident that they will be listened to and acted upon. Residents are protected, through updated policies and procedures relating to abuse and safeguarding vulnerable adults.

EVIDENCE:

A copy of the home's complaints procedure is in place for the benefit of service users' relatives and other visitors to the home.

All complaints are recorded and include actions taken and outcomes achieved. Regular service users' meetings provide an opportunity for concerns to be raised and discussed before they become complaints.

Service users and members of staff, spoken with during the inspection, confirmed that they would have no hesitation in speaking to the manager or making a complaint if necessary and each person was confident that they would be listened to.

The organisation has produced detailed policies and procedures relating to safeguarding vulnerable adults, including a whistle blowing policy. However, as

previously documented, it is understood that these documents are currently being reviewed and updated, as part of a 'general overhaul' of policies and procedures within the home.

The manager confirmed that staff are made aware of these and other key policies and procedures as part of their induction and foundation training and they are also reinforced during regular supervision and staff meetings.

Staff training records, including individual learning portfolios, provide evidence of annual updates to safeguarding adults practice knowledge and initial and refresher training undertaken.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 25, 26, 28 & 30

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

The service is generally accessible, safe and clean and remains clearly suitable for its stated purpose. Service users benefit from pleasant accommodation that is comfortable, reasonably well maintained and decorated to a satisfactory standard.

EVIDENCE:

The home is clean and airy. It has a large lounge and dining area which has two dining tables which the residents use also for some of their varied activities.

The kitchen is large, and while at the home some residents, who were able to, were being supported by staff to make their lunches.

All bedrooms are of good size and have en-suite toilets.

The bathrooms have overhead tracking for hoisting the residents as most of them are wheelchair users.

The carpet in the corridor upstairs is stained.

The home's bathrooms have no showers. This limited the choice of how the residents wanted their personal care and compromised their independence and dignity at bath-times.

Accommodation is provided over two floors comprising of 10 single rooms all with en-suite facilities. Four are on the ground floor and six are on the second. In addition to the en-suite facilities, there are three communal bathrooms fitted with height adjustable baths. Overhead tracking hoists are also available to support residents with reduced mobility. All hot water outlets have thermostatic valves fitted to ensure hot water temperatures do not exceed the recommended 43°C

Other than routine redecoration and refurbishment, including the communal areas, it is evident that there has been little change in the physical environment of the home since the previous inspection and standards remain generally satisfactory throughout.

During my 'guided tour' of the premises, it was evident that the well maintained décor and adequate furniture and furnishings continue to provide a comfortable, pleasant and homely environment for service users.

The manager confirmed that independence and individuality continue to be promoted within the home and this is evident from the personalising of service users' individual rooms, which clearly reflects individual tastes and interests.

It was noted that infection control policies and procedures are in place and clearly adhered to. Levels of cleanliness remain satisfactory throughout.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 33, 34, 35 & 36

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

Service users benefit from there always being sufficient trained and competent staff on duty to meet their assessed needs. Improved staff recruitment policies, procedures and documentation help to ensure the protection of service users.

EVIDENCE:

The staff are very friendly. One resident said, "I love living here and the staff are good".

The staffing of the home is good. The member of staff I talked to said that there are 3 members of staff on any shift, and when required for activities, they have 4 staff on duty. Two members of staff work the night shift. The Manager said this is because they needed two staff to hoist a resident and for safety in case a resident had an epileptic seizure

The staff wore uniforms. This makes the home feel institutional.

In addition to the comprehensive induction programme undertaken by all newly appointed staff, the manager confirmed that appropriate core skills training is provided, including first aid, moving and handling, food hygiene and fire safety.

This was confirmed through discussions with care staff and supported by training records examined:

'There is always plenty of training here now!'

The manager confirmed that the Ridge holds monthly staff meetings where staff are able to discuss any 'house issues'. Each staff member has a minimum of 6 supervisions sessions each year - and the option of more, if requested.

The manager is clearly aware of the need for thorough and robust recruitment procedures, to ensure the protection of service users.

Individual files that were examined, relating to recently appointed members of staff, were found to be well maintained, containing all relevant and necessary information, including two satisfactory references, proof of identity and satisfactory Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) disclosures.

The manager confirmed that, as part of the recruitment process, service users are invited to join the interview panel and potential new staff members will meet the service users before a final decision is made.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 & 42

Quality in this outcome area is **good**. This judgement has been made using available evidence, including a visit to this service.

Service users benefit from a competent management structure. They are protected by satisfactory health and safety procedures and their best interests are safeguarded by effective quality monitoring systems.

EVIDENCE:

The Manager is approachable. When at the home I witnessed her interacting with the residents and they all called her by her first name.

The registered manager has 25 years experience in care, during which time she has been employed in a variety of positions including Nursing Auxiliary,

Support Worker, Senior Support Worker and as the Registered Manager of a number of services. She has achieved a number of qualifications relevant to her post, including a BTEC in Managing Health & Care Services, NVQ Level 4 in Care and NVQ Level 4 Registered Manager (Adults) Award.

CMG employ their own quality assurance team who visit each of the homes on a monthly basis. The purpose of these visits is to undertake an inspection of the service based on meeting the National Minimum Standards.

The manager confirmed that the health, safety and welfare of service users and staff remains of paramount importance within the home. Staff training is provided in many aspects of safe working practices, including moving and handling; food hygiene; fire safety and first aid. All staff training is recorded.

COSHH assessments and guidelines are in place.

Fire safety risk assessments are in place. Regular fire drills are undertaken and recorded.

Temperature regulators are fitted to all hot water outlets, accessible to service users.

All accidents, incidents and injuries are recorded and generally reported, as required.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	2
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	3
26	3
27	X
28	3
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	3
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA6	15	It is required that residents' support plans, including risk assessments, be kept under regular review and updated to reflect changing care needs and circumstances.	30/06/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA24	It is recommended that the stained carpet on the first floor corridor be replaced.
2.	YA27	It is recommended that consideration be given to installing a shower in the home, to increase the choice and opportunities available to service users.

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