Peninsula Autism Services & Support Limited

Ridgecott

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

Ridgecott is a residential care home providing accommodation and support to people with a learning disability, and associated conditions such as Autism. The service is registered to accommodate and support a maximum of ten people. At the time of the inspection ten people were living in the home. Three separate flats were available for people who had been assessed as requiring more specific or separate living arrangements. The flats provided people with their own bedroom, lounge and bathroom facility. People living in the separate flats were able to access communal parts of the home with support from staff, and dependent on their care plan arrangements. Two separate garden areas were available and people accessed these either independently or with support from staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, thet are 'registered person's. 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.

At the last inspection, the service was rated as Good.

At this inspection we found the service remained Good in all areas.

People remained safe at the service. There were sufficient staff available to meet people's needs and to keep them safe. Staffing levels were reviewed regularly and adjusted when people's needs changed. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. Health and safety audits were completed in relation to people's care, lifestyle and the environment.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People had the support needed to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals. People were supported to eat and drink enough and were able to maintain a balanced diet. Staff understood any risks associated with eating and guidelines were in place in relation to choking hazards and other dietary needs.

There was a warm, caring and relaxed atmosphere in the home. We observed staff being patient and kind. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People's privacy was respected and staff worked hard to help ensure people felt valued and an important part of their home and local community.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as much as possible in their day to day lives, and progress was encouraged and celebrated. People were supported to lead a full and active lifestyle, and activities were planned to meet individual needs and personal requests.

The service remained well led. Staff and relatives told us the registered manager was approachable and supportive. The registered manager had an active role within the home and maintained their own professional development by attending regular training and by keeping themselves updated with best practice. The views of people, relatives and other agencies were sought to make sure people were at the heart of any changes within the home. The registered manager and provider had a formalised auditing system in place to monitor the quality of the service and to identify any improvements needed.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good

The service remains GOOD.

Is the service caring?

Good

The service remains GOOD.

Is the service responsive?

Good

The service was now responsive because;

People were supported by staff who knew them well and had access to information about how they needed and preferred to be supported.

People were supported to lead a full and active lifestyle.

People were actively encouraged to engage with the local community and maintain relationships, which were important to them.

Complaints and concerns were listened to, taken seriously and used to drive improvement across the service.

Is the service well-led?

Good

The service remains GOOD

Ridgecott

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This was a comprehensive inspection, it took place on the 24 and 25 July 2017 and was unannounced on day one.
Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about by law.
People who lived at Ridgecott had some communication difficulties due to their learning disability and associated conditions such as autism. Although some people were able to communicate verbally this was in most cases limited and people were not in all cases able to understand and provide feedback about their care and experiences living at Ridgecott. We did spend time with people in the communal parts of the home, such as the sitting room and dining area, and observed people being supported by staff and going about their daily routines.
We spoke with thirteen members of the staff team, this included management and care staff. The registered manager was present throughout the inspection and was supported by the deputy manager.
We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality monitoring of the service.
Following the inspection we spoke with three relatives and gathered feedback about their experience and views of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care.

Some people were unable to tell us verbally if they felt safe living at Ridgecott. However, we saw people were relaxed and happy with staff supporting them and in the company of others living in the home. People sat with staff discussing their day and conversations were friendly and positive. When people became anxious they went to staff and the managers, who provided them with kind words and reassurance. This helped demonstrate that people felt safe and comfortable in their home and with those supporting them. Relatives said they felt people were safe and well cared for at Ridgecott.

People were protected by staff who knew how to recognise and report signs of possible abuse. Staff had completed training in safeguarding adults and this was regularly discussed and updated. Detailed policies and procedures were in place in relation to safeguarding and whistleblowing. Staff said they would not hesitate to report any concerns and trusted these would be taken seriously and acted on to ensure people were safe and protected.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to people and the staff supporting them. This included risks relating to the environment and people's individual lifestyle and choices. Assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the need to promote people's rights, choices and independence. One person had risks associated with their fluctuating mental health. Support arrangements detailed the signs staff needed to look for to recognise a possible decline in mental health and the risks associated with this change. The person's plan stated risks in relation to food and choking were likely to increase when their mental health declined, and provided guidance for staff about how to support the person with eating and drinking during this time.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency, such as a fire. Routine health and safety checks were carried out of the environment and facilities. In addition the registered manager completed a quarterly health and safety audit with a plan of any action needed.

Staffing levels were organised to meet people's needs and keep them safe. Some people had been assessed as needing a staff member to be with them or close to them at all times. We saw the staff rota was organised to meet these needs and staff said they felt staffing levels were safe and in place as required. Systems were in place to review staffing levels to help ensure they remained safe and met people's needs. For example, one person needed two staff to support them with personal care in the mornings. Arrangements had been made for an additional member of staff to support the night staff at 7am, so that people's personal care and the safety and needs of others could be met at this time of the day.

People's risk of abuse was further reduced because there was a suitable recruitment process in place for all

new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the guidance in place.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported.

Staff confirmed they had a through induction when they started working in the service. Comments included, "The induction gave me a real insight into the role, and shadowing helped me understand people's daily routines".

Each staff member had a training programme, which detailed the training completed and when updates were required. The training programme covered a range of skills and competencies relevant to the service and specific needs of people being supported. The training needs of staff had been reviewed and discussed on a regular basis and as the needs of people in the service changed. For example, one person had been assessed as having the onset of dementia. This had meant their needs and the support required had changed. Staff had attended dementia training to help ensure they had the skills needed to continue meeting this person's needs. Relatives also had the opportunity to attend training. The registered manager said this had been very positive and had allowed them time to share their experiences with staff as well as gaining a better understanding of the needs of their loved ones.

Staff said they felt well supported by management and their colleagues. Comments included, "A team leader or other manager is always available, we never feel on our own". Handover meetings took place at the beginning of each shift, which gave staff the opportunity to catch up with any changes or new information. Staff meetings were held as a forum for open discussion about the service and practice. Formal staff supervision sessions took place every six to eight week, which gave staff the opportunity to discuss with management their role, training needs and other issues.

Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle. Staff had completed training and demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff said people were encouraged to make day to day decisions, and we saw this being demonstrated in practice. For example, we saw people being supported to make choices about what they wanted to wear and how they wanted to occupy their day. Support plans detailed the choices people were able to make for themselves and when they may need support to decisions. For example, one plan stated that the person concerned was able to make a decision if they needed support from staff when eating their meal, but also needed information about potential risks if they chose to eat on their own. Best Interest meetings involving relatives and other agencies had taken place when required.

People who may lack capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management and staff team had undertaken training and had a good knowledge of DoLS and what restrictive practice would look like. The registered manager had made DoLS applications when required and any authorised applications were kept under review to ensure they remained appropriate and in the person's best interests.

Staff had a good understanding about people's behaviours and clear guidelines were available about how to manage behaviours in a way that was appropriate and safe. A Behavioural advisor was available within the organisation to support staff and to help monitor any changes in people's behaviour or well-being. The registered manager sought advice from external agencies when required.

People's health needs were closely monitored and people had access to a range of healthcare facilities. A 'traffic light' system was in place for one person, who had a recent diagnosis of dementia. This helped staff monitor and understand changes in the person's health, mood and behaviour and provided guidelines about the best ways to provide support and reassurance. Each person had a 'Hospital Passport', which contained important information about the person to ensure their needs were met if they required an admission to hospital or other healthcare facility.

People were supported to have a sufficient and well balanced diet. The cook demonstrated a good knowledge of the dietary needs and people's particular likes and dislikes. People were asked on a daily basis what they wanted to eat and pictures and symbols were available to help people make choices. Staff understood any risks associated with eating and guidelines were in place in relation to choking hazards and other dietary needs.

The environment was well maintained and had been organised in a way that supported people's specific care needs.

Good

Is the service caring?

Our findings

The home continued to provide a caring service for people.

There was a warm, caring and relaxed atmosphere in the home. We saw people sitting together and chatting with staff about plans for the day. The conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. When people arrived back from an activity staff asked them about their day and listened with a genuine interest.

Relatives said they felt their loved ones were well cared for. Comments included, "All the staff are bubbly, welcoming and caring, they work hard to do the best for people", and "The manager is fantastic, she really does care".

Staff spoke passionately about their work and demonstrated a wish to ensure people led a fulfilled and positive lifestyle. A staff member said they had been so pleased to see a person they had supported progress, "They have come on in leaps and bounds, they feel safer, they are doing more and getting more involved with other, their behaviour is no longer dominating who they are".

Staff demonstrated they cared by working flexibly to support people's specific care arrangements and individual activities. For example, a staff member had come in to support a person on their journey to visit relatives. They said this was a regular arrangement and important to the person concerned and their family.

People's individuality and diversity was nurtured and people were treated with equal warmth and respect. Staff recognised the need for some people to behave in ways that could be considered by others to be unusual or detrimental, but were in fact a method the person had learnt to meet their own needs at an anxious time. For example, one person despite being closely supervised by staff would ask staff at times to leave them on their own. A system was in place so that they could have their own time and space as requested, whilst also being able to contact staff and have their well- being closely monitored during this time.

Staff demonstrated an understanding of people's mental health needs and supported people in a compassionate and caring manner. For example, one person had been diagnosed with dementia and was finding everyday routines and activities stressful and confusing. Staff provided this person with reassurance and guidance to help them relax and understand what was going on around them. Staff recognised how another person had needed support to enhance their well-being and self-esteem. A dressing table had been purchased for their bedroom and staff spent time supporting them to improve their body image and to feel good about themselves. We heard staff telling them how nice they looked and making plans for a trip to the local hairdressers.

People's privacy and personal choices were promoted and respected. One person had chosen to stay in bed during the day. The staff said due to the person's mobility, they believed there were times when their bed

was a particularly comfortable place to be. We saw the person was comfortable and happy in their room, watching their favourite television programme. The staff respected the person's privacy and choice, whilst checking regularly that they were happy and comfortable. It was noted that listening devices were used to allow some people private time in their rooms without the support of staff. One of the monitors had been left on and people were able to hear conversations when they were being supported by staff. This was pointed out to the registered manager at the time of the inspection and we were told this would be addressed to further ensure people's privacy and dignity at all times.

The registered manager said staff had not recently needed to support people with end of life care, but were aware of issues relating to loss and bereavement. Staff had supported one person through a recent loss of a close relative and external support had been sought from specialist bereavement services. The registered manager said consideration was being given to staff attending a six steps end of life training programme to help ensure they had the skills needed when and if required.

Good

Is the service responsive?

Our findings

At the last inspection on the 24 & 25 June 2015 we found improvements were needed in relation to the planning of people's care to ensure care arrangements were personalised and encouraged their independence wherever possible. We asked the provider to take action to improve. At this inspection we found improvements had been made. Care plans were personalised and included detail about how people needed and preferred to be supported.

The service was now responsive.

People's support plans included very clear and detailed information about their health and social care needs. Each area of the plan described the person's skills and how they chose and needed to be supported. The plans were personalised and had been written from the viewpoint of the person concerned. Plans also included a brief summary of what would be a good or bad day. This helped staff understand how people communicated and how they could be supported to enjoy a positive lifestyle.

There was a review system in place to make sure all progress and developments were captured and the care plan was regularly updated to help ensure it was a useful and accurate account of people's care arrangements. Reviews also looked at what was working or not working for the person and included an action plan to help improve the person's care arrangements and experiences.

Staff monitored and responded to changes in people's needs. For example, one person's needs fluctuated due to their mental health. Staff said when the person was well they encouraged them to partake in activities and to be as active as possible. They said this was important as when the person's mood was low they would be less active and supported more at home. Staff had also undertaken specific training to help ensure they understood and supported this person's specific mental health needs.

The service was responsive to people's goals and wishes. Each person had a designated keyworker who had responsibility for reviewing support plans and checking people had everything they needed in the home. Keyworker meetings took place each month to discuss people's progress, activities and any particular goals and wishes. The PIR stated, 'We have recently through a keyworker meeting discovered that one person we support had never been on holiday. They spent time discussing their options with their keyworker. We booked a holiday, and considered staffing levels and timing as they didn't like crowds. They had a fantastic time, and returned very happy'.

People were supported to lead a full and active lifestyle. We saw people coming and going from the home throughout the inspection. Some people went out to local shops for coffee and cake, others went to organised activities, which included a music group. During the afternoon of our second day a visitor brought in a selection of small pets, which people were able to pet and feed. One person chose not to join this activity in the communal area, but was able to enjoy time with the animals in their own sitting room. This was clearly an activity, which helped some people relax as well as encouraging interest, conversation and laughter. We saw a plan for one person to go to the cinema. The plan was in picture format and included

important points that would help make the activity a positive experience.

Information was available to people about the service and their care arrangements in a format they could understand. Some people had charts in their bedrooms with pictures and symbols to help them organise their time. A large notice board was available in the main hallway with pictures of staff on duty, pictorial menu charts and other information.

A complaints policy and procedure was available and outlined clearly the action the service would take in response to any complaints raised about the service. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

Good

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. 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.

Relatives spoke highly about the management of the service. Comments included, "The manager is fantastic, I can't speak more highly of them, if there is an issue they address it". Relatives had been invited to staff meetings and had recently shared their experiences of care services. The registered manager said this had been really useful for staff to hear the experience of care from a parent's perspective.

The registered manager took an active role within the home, demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. Although the office was situated separately to the main house staff said there was an open door policy and the manager was visible and involved in all aspects of the service. We saw the manager spending time with people and also supporting staff with daily events and planning. The registered manager was supported in their role by a deputy manager. Team leaders supported staff during each shift and staff had key responsibilities to help ensure the smooth running of the service.

The registered manager maintained their own professional development by attending regular training and by keeping themselves updated with best practice. They had recently completed a management leadership course, which they said had been beneficial in helping them recognise where and how to develop and further improve the service. They also met and supported other managers of similar services in the area, which they felt was beneficial in sharing ideas and supporting improvement.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings and monitoring forms helped ensure staff had accurate and up to date information about people's needs and other important information. 'Your Voice' meetings were held, to help further ensure people were involved in decisions about their care and lifestyle.

Staff said they felt valued because the management involved them in all aspects of the service. They said there was a culture of being listened to, valued and encouraged to share and suggest new ideas and experiences.

Information was used to aid learning and drive improvement across the service. Incident forms had been completed in good detail and any practice or lessons learned had been considered.

The office area was well organised and staff were able to access information they needed to fulfil their role and meet people's needs. Audits were carried out regularly of the environment, records, medicines, personal finances and staff training. The registered manager and senior management from within the organisation

carried out monthly audits and action plans were completed for any improvements required. An action plan had been completed following a review by the local authority with timescales for completion of any areas of the services highlighted as requiring improvement.

Feedback about the service was sought from relatives and other agencies and this information had been analysed and action taken to address any issues raised.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. A relative said, "They always call us, they always listen and are happy to take on our views, and accept when things may not be quite right". This reflected the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.