

New Beginnings (Gloucester) Ltd

Ribston House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 20 August 2018 and was unannounced.

Ribston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ribston House accommodates nine people in one shared house and provides a service for people with a learning disability. At the time of our inspection visit there were seven people using the service.

At our previous inspection in July 2017 we found the service was rated 'Good' overall. In July 2018 we received concerns in relation to staff not respecting people's dignity, lack of activities and the management of the service. As a result, we undertook a focused inspection on 20 August 2018 to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ribston House on our website at www.cqc.org.uk

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At this inspection we found the service remained 'Good'.

Ribston House had 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.

People received support from caring staff who treated people with respect and upheld their privacy and dignity.

People were supported to take part in a range of suitable activities of their choice.

The registered manager was visible and accessible to people and staff. Quality checks were made with the aim of improving the service in response to people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service caring?

Good ●

The service was caring.

People were supported with kindness and respect.

People's privacy, dignity and independence was understood and respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support.

People were enabled to engage in suitable activities of their choice.

Arrangements were in place to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was Well-Led.

The management were accessible to people using the service, their representatives and staff.

Quality assurance systems were in operation to identify shortfalls in quality and risks in the service. Plans were in place to act on any shortfalls found.

Ribston House

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.

We carried out an unannounced comprehensive inspection of this service on 3 July 2017. In July 2018 we received concerns in relation to staff not respecting people's dignity, lack of activities and the management of the service. As a result, we undertook a focused inspection to look into those concerns.

This inspection took place on 20 August 2018 and was unannounced. The inspection was carried out by one inspector. We spoke with one person using the service, the registered manager and two members of staff. We reviewed records relating to staff training and supervision and the management of the service. We observed staff supporting and engaging with people. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service caring?

Our findings

People were treated with kindness, dignity and respect and had developed positive relationships with the staff that supported them. One person told us they were "alright" and staff were "ok" and treated them kindly. We spoke with two new staff who were clear about how people using the service should be treated and this had formed part of their induction training. They told us they would report to the registered manager if they felt people were not being treated appropriately. They had observed other staff treating people with dignity and respect.

We observed interactions delivered in a manner which was kind, compassionate, sensitive and respectful. Staff were polite to people and checked to see if they were happy to speak with us. Staff had received training in dignity and respect. People were supported to maintain their independence. The registered manager described how staff supported one person to mobilise to promote their independence. Staff knew how to communicate with people and supported them to make day to day decisions, for example, about how they would like to spend their time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to ensure the rights of people who did not have the mental capacity to make decisions about their care were upheld. When people lacked mental capacity to make decisions best interest decisions were made on their behalf in accordance with the principles of the Mental Capacity Act 2005 (MCA). For example, managing a person's behaviour to maintain their safety.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People's support plans included guidelines for staff to follow to provide care and support in an individualised way. Support plans included a personal profile which included important information about people for staff to refer to such as routines and likes and dislikes. Support plans had been kept under review, one person's care plan was being regularly reviewed in response to their changing needs. Communication profiles were in place which enabled staff to interpret people's individual communication methods and so understand their needs and provide support in a personalised way.

People were supported to take part in activities and interests at Ribston House and in the wider community both individually and as part of a group. Activities included attending an activity centre, swimming, shopping, a garden party, bowling and trips out. People had been away on holiday during the summer. One person told us how they enjoyed colouring and watching the television. Photographs of people engaging in recent activities were prominently displayed in the home.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available for each person in a suitable format using pictures, symbols and plain English. Complaints had been recorded, investigated with appropriate responses given.

Is the service well-led?

Our findings

We found no concerns relating to the management of the service.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

Systems were in place to monitor staff behaviour and performance and to provide staff with the support they needed to undertake their roles. Staff told us they had received supervision sessions. These sessions consisted of individual meetings with a manager or senior member of staff where the staff members role, performance, training and personal development would be discussed. The aim was to complete the sessions on a three-monthly basis. Some staff supervision had fallen behind schedule. Following our inspection, the registered manager confirmed dates for the overdue staff supervision sessions had now been booked.

When concerns were raised about staff conduct the provider had investigated these concerns promptly in accordance with their staff management processes. This ensured any risk to people would be identified and mitigated.

Staff told us they found the registered manager approachable and described good team working. One staff member told us "Everyone has respect for each other everyone gets along".

People benefitted from checks to ensure a consistent service was being provided and the service was following its vision and values. Questionnaires had recently been sent out to gain the views of people using the service and their representatives. Outcomes from the questionnaire exercise were recorded in a development plan. The most recent plan from May 2017 identified a number of areas for action including a review of staff training. Visits were carried out by managers of other care homes operated by the registered provider. Areas covered included medicines, staff training and feedback from people using the service and staff. The last home visit had taken place in April 2018 where actions included completion of staff supervisions.