Chy Morvah Limited

Ridgewood Lodge

Inspection report

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Camborne
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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 comprehensive inspection of Ridgewood Lodge on 21 November 2018. The previous inspection took place on 3 May 2016, we had no concerns and the service was rated as Good. At this inspection the service remains Good.

Ridgewood Lodge is registered to provide care and accommodation for up to six people who have a learning disability or mental health needs. At the time of the inspection there were five people living at 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.

The home is situated in a residential area of Camborne close to shops and travel links. All accommodation at the home is provided on a single room basis. Communal space comprised of a conservatory and inner lounge area. The conservatory also acted as a dining room. There is an enclosed garden area at the front of the service. The kitchen was of a domestic nature in keeping with supporting people to make their own meals.

Ridgewood Lodge has a registered manager. 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. In addition to the registered manager, the service had a deputy manager and team leaders who oversaw the day to day running of the service.

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 and mental health needs 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 make their own choices about all aspects of their life.

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

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly. We saw staff treating people with patience, kindness and affection. Two people told us they liked being supported by the staff working at Ridgewood Lodge.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during their daily routines and delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

People told us they received their medicines as prescribed and when needed. We found appropriate arrangements were in place for the safe storage of medicines.

Staff on duty knew the people they supported well and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative and sufficiently detailed.

People told us they were happy with the variety and choice of meals available to them. There were snacks and drinks available when people wanted them.

People had access to healthcare professionals and their healthcare needs were being met. A visiting health professional told us the service worked closely with them and followed any guidance they provided to support people's health needs.

The building was being maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Ridgewood Lodge

Detailed findings

Background to this inspection

We carried out this comprehensive 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 inspection visit took place on 13 November 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection on 13 November 2018 we reviewed the information, we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

During the inspection we looked around the premises. Not everyone living at Ridgewood Lodge was able to speak to us about their experience of the service. We spoke with two people and observed people during the day taking part in activities, interacting with staff, preparing to go out. Following the inspection, we spoke with a relative. During the inspection we spoke with a visiting health professional.

We looked at care records of two people, staff training, recruitment and supervision records of two staff members. We also looked at records relating to the management of the home, staffing rotas and the medication records of two people. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ridgewood Lodge. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "Like living here. Yes, I

feel safe" and, "Staff are good. They look after me." A health professional told us, "They [staff] do a good job. They really focus on the resident's wellbeing." A relative said, "I feel [Persons name] is very safe here. I have a lot of confidence in the manager and staff."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what abuse was and what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

Care plans included risk assessments to identify potential risk of accidents or potential harm. Risk assessments provided instructions for staff members when they delivered their support. Risks had been assessed in support of their nutrition, medical needs, mobility, fire safety and environmental safety. Some people were at increased risk when they accessed the community due to their support needs. These specific risks had been highlighted to staff and contingency plans developed detailing how staff should respond if the person went missing or required additional support while accessing the community independently. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe. This demonstrated to us there were systems in place to manage identified risk and staff understood how to ensure people's safety.

People's finances were managed safely. Money was stored securely with a robust system in place to record when individuals took money out of the service. In addition, the monies were audited weekly so any discrepancies would be quickly identified.

There were appropriate emergency evacuation procedure in place and Personal Emergency Evacuation Plans (PEEPs) had been developed which clearly identified people's individual needs in the event of an evacuation.

Staff told us that generally there were enough staff to support people. However, there was a current vacancy and during this time staff were covering extra shifts to manage the gap. The registered manager also supported staff to carry out tasks. We found there was little impact on people's individual choices. All staff had the necessary recruitment checks carried out before starting work at the service.

People received their medicines as prescribed and that staff supported them with medicines at the necessary times. There was a system in place to administer medicines as prescribed. All medicines were suitably stored and disposed of correctly. Medicines records identified if people had any allergies. There were regular audits taking place to ensure staff followed the service's medicines procedures. This meant

people had been supported appropriately to ensure systems were in place to check people had received their medicines as prescribed.

The services environment was clean, tidy and well maintained. Staff understood their responsibilities in relation to infection control and hygiene. Hand washing facilities were available around the building. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

The registered manager understood the importance of reviewing any accidents and incidents to identify patterns or trends. Reviews had taken place where incidents had occurred and there was evidence the registered manager worked closely with other professionals to provide the necessary support and mitigate risks to people.

Records were available confirming appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment to support people's movement was regularly serviced in accordance with health and safety requirements.

Good

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. One person said, "Love the staff, they are really helpful to me." A relative told us they felt the staff team were competent in how they delivered care.

People's needs were assessed before they went to live at the service. The assessments determined whether people had any needs relating to equality and diversity. For example, spiritual, dietary and communication. People's needs and preferences were assessed before they started to use the service. This helped ensure the service could meet the needs, expectations and wishes of people and their relatives.

Staff had completed some equality and diversity training and recognised the importance of protecting the people they supported from all forms of discrimination. Staff provided us with examples of actions they had previously taken to protect people from harassment and unfair treatment while accessing the community.

Care plans included information about people's current needs as well as their wishes and preferences. Daily records were up to date and contained current information relevant to supporting the person. These described support people received and activities they had undertaken. Care plans had been signed by the person consenting to care and support provided. Where this was not possible a person's legal representative had agreed these documents. A relative told us, "I feel very involved in [person's name] care planning."

People were supported to access a variety of health and social care professionals as necessary to ensure their individual needs were met. Care records showed reviews by health professionals had been completed and information on how to meet people's support needs in the event a hospital admission was available. A health professional was visiting the service to carry out a review of a person's support. They were being supported by the staff team to make some adjustments.

The service shared information with other professionals about people's needs on a need to know basis. For example, hospital passports had been produced to provide hospital staff with information about the person's communication and support needs. This meant other health professionals had information about individuals care needs to ensure the right care or treatment could be provided for them.

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 was one mental capacity assessment in place relating to specific decisions in the person's care records. When the person had been 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 support 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). One application had been submitted following a best interest meeting. There were no authorisations in place.

Staff told us they had received an induction when they began working at Ridgewood Lodge. They said, "I felt very supported by the manager and we worked well as a team and supported each other." Records showed staff had completed training in safeguarding vulnerable adults, moving and handling and health and safety as an immediate training plan so they were able to provide safe and effective care. This helped to ensure that staff provided safe care and could meet people's needs. Staff new to care had access to the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Staff told us and records showed that they received regular supervision with the registered manager. Staff told us they felt confident to raise any concerns or issues with the registered manager during supervision and commented, "I felt very supported by the manager and we worked well as a team and supported each other." More in-depth annual appraisals took place to look at performance and development. The registered manager told us new systems had been recently introduced to ensure staff development was explored in greater depth.

There had been a review of training and how it was being delivered. Staff told us it was much better as a dedicated trainer now attended the service to deliver a wide range of training. One staff member told us, "It's really much better now because we [staff] don't have to travel. The trainer comes here."

Meals and mealtimes were flexible. For example, people chose to have breakfast at times that suited them. Lunch was flexible. On the day of inspection one person wanted to go out when lunch was being taken by others. They chose to eat their lunch when they returned. People were encouraged to prepare meals for themselves where it was suitable. Staff were supporting people to make soup and sandwiches.

There was a fortnightly menu in the kitchen. Staff told us this was more of a guide and that it was often peoples individual choices or collective choice which determines the main meal. One person required a soft diet. There was evidence of liaison with health professionals to monitor this and a suitable prescriptive supplement to mitigate the risk of choking. Staff understood the importance of this and records showed it was being monitored.

The premises were arranged to meet people's needs. One person required the use of a large wheelchair, with a hoists and sling to help with transfers. Their room was large enough to accommodate this equipment and the ground floor area was accessible for the wheelchair use. There were no other adaptations in the service on the first and second floor. This meant people using the service would need to be physically able to access upper floors. People were encouraged to personalise their rooms with their own items. Some chose to do this but others did not. There was a conservatory and separate lounge with dining facilities in the conservatory. Lighting in communal areas was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

Good

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "It's good living here. I'm happy" and "The staff are very caring towards me." Staff told us it was a lovely place to work. They said, "I love working here and making a difference to the lives of those who live here" and "I get a lot of satisfaction working here. I think we make a positive difference. We are all very caring." A family member told us, "All the staff are very caring."

Staff communicated with people in a kind and caring way and were patient and respectful towards them. We observed staff and the registered manager being kind and tactile with people. We observed that the people living at the service were relaxed around the staff who supported them. We observed people smiling and laughing. Where people became anxious staff understood the signs and responded in a calm and relaxed way in which people responded to positively. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

People were involved in making choices about their care and support. Staff engaged with people frequently, checking on their welfare or asking what they were planning on doing or wanted to do. It was clear with the responses that staff were respected by people using the service. We saw people making choices about their day to day life, for example, during our inspection people moved freely around their home, choosing to spend time in their rooms, going into the garden or going out into the community.

Staff respected people's dignity and privacy. Staff ensured that doors were closed when people were being supported with personal care. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. Staff respected people's choice if they wanted the privacy of their own room.

Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of promoting everyone's uniqueness and there was a caring approach observed throughout our inspection visit. A member of staff told us, "Everyone here is unique and we [staff] respect people for who they are. I think it's very important."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Staff were aware of how to support people to access advocacy services. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The registered manager told us there were no restrictions when friends and families could visit. One relative visited regularly and was kept involved and updated in the care and support of their relative. They told us," I call in at various times on a regular basis. I am always made to feel welcome."

Good

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People told us staff helped and encouraged them to enjoy a good quality of life. They told us how they were supported by staff to express their views and wishes. For example, one person said, "They [staff] know me well and what I like and don't like". A relative said, "[Person's name] has routines but the staff are very flexible."

We observed staff understood how to effectively respond to individual needs and that they were available when people needed them. We observed the staff on duty responding to requests in a timely manner. One person became frustrated about an issue. Another staff member joined in to help defuse this situation. By working together, it was clear all staff knew how to best support the person and this resulted in a positive outcome.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had specific communication needs. We discussed the use of technology in supporting people with communication. The registered manager told us they were looking at what additional technology could be used to further support people's communication needs.

The service had hospital passports in place. These records were in pictorial and easy read format so the person understood what was being written about them to help health workers understand their specific needs. This supported people with their communication needs with hospital admissions and healthcare appointments.

People received care and support that was personalised to their individual needs and wishes. Care plans contained good detailed guidance for staff to follow, which included information on people's history, preferences and interests. Care and support plans contained sufficiently detailed guidance to enable staff to meet people's individual needs. This included, risk assessments, support guidelines for staff and details of any guidance provided by health professionals.

Care and support plans described people's mental and physical health needs and provided guidelines for staff on how to best support them to meet these needs.

Staff helped to ensure people received continuity of care by attending daily handover meetings. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. This helped share and record any immediate changes to people's needs.

Where possible people had the choice to be involved in the assessment and planning of their care through

regular keyworker meetings. During the inspection we observed the care and support delivered by staff was person centred and based on individual needs. People were encouraged to make choices and have as much control over their life as possible and risks identified allowed people to have as much independence as possible while remaining safe.

There was no formal plan to activities. A staff member told us "It's important they choose what they want to do individually. Everybody is different." The registered manager told us calendar events were celebrated, including Christmas, Easter and birthday celebrations. Some people went out independently as seen on the day of the inspection. Another person was being supported by two staff to go out in the afternoon and staff this was being discussed with the person. One person required support in their wheelchair to access community activities or events. A family comment in a recent survey suggested their relative would benefit from more community involvement by going out more. The registered manager was aware of this and told us staff were working hard to improve community involvement.

The service had a complaints procedure in place. People we spoke with told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to if they had any concerns and they listened to them and acted to improve things.

Good

Is the service well-led?

Our findings

The registered manager was responsible for the management and oversight of the service. People and staff told us the registered manager was 'very visible' in the service and was also available when not in the service. There had been a recent change in the 'nominated individual'. The person whose has overall responsibility for the supervising and management of the regulated activity and ensuring the quality of the service provided. This had meant many of the services systems and paperwork was undergoing change. The registered manager told us they felt supported in their role and through the changes.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events.

Regular staff meetings helped to share learning and best practice so staff understood what was expected of them. Minutes included guidance to staff for the day to day running of the service including safeguarding and record keeping. Staff used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events. Communication was good at all levels due to the small size of the service and people living there engaged with managers and staff daily. There was a small staff team which ensured people were supported by staff who they knew well and who understood their individual needs.

There were arrangements in place for checking the quality of the care people received. These included daily, weekly and monthly health and safety checks, reviews of fire drills and inspections such as fridge and freezer temperature checks, medicine and infection control audits. There were also spot checks of care records and individual staff performance.

People using the service were positive about the registered manager and staff team. One person said, "[Managers name] is very good and helps me." Throughout the inspection we observed that people would seek out the manager to speak with them. The registered manager made herself available to people when they wanted to discuss anything. It was clear people felt comfortable speaking with the registered manager and staff on duty.

People using the service had opportunities to be involved in developing the service. There were daily discussions with people and group discussions on a regular basis with the registered manager. Staff told us they continuously talk with people and get a good overview about what people think about the support they receive. One staff member told us, "Everyone is quick to tell us if they are not happy about anything or they want to do something special."

The new nominated person for the organisation visited the home every few weeks and told time to talk with people on a one to one basis. There were no written records to show these visits had taken place and the outcome of the visits. We spoke about this with the registered manager who agreed a more formal approach

was required to demonstrate the purpose and outcome of these monitoring visits.

Surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed.

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 G.P's and district nurses.