Mr Peter Walsh

Ridgewood House Home for the Elderly

Inspection report

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Date of inspection visit:
19 May 2016

Date of publication:
29 July 2016

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

This inspection was unannounced and took place on 19 May 2016. At our last inspection in December 2014 the essential standards of quality and safety under the HSCA 2008 were found to be met.

Ridgewood House Care Home provides accommodation, nursing and personal care for up to 21 older adults, including some people who may be living with dementia. At the time of our visit, there were 20 people living at the service. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home, which was kept clean and well maintained. The provider's staffing arrangements helped to make sure that people were safe and received the care they needed at the time they needed it.

People were protected from harm and abuse. Potential risks to people's safety were taken into account in the planning and delivery of their care and people's medicines were being safely managed.

People and relatives were happy with the care provided. Staff understood and followed people's care plans to support people to maintain and improve their health in consultation with relevant external health professionals when required.

People received food and drinks they enjoyed, which met their dietary needs and choices. Staff understood people's dietary requirements and provided people with the support they needed to eat and drink.

Staff followed the Mental Capacity Act 2005 to obtain people's consent for their care. People were supported as far as possible to make their own decisions about their care and treatment and helped to do so when needed. This was done in a way that was lawful and which met their rights and best interests.

Staff received an appropriate introduction to their role before they provided care. People received care from staff who were provided with the necessary training and supported to enable them to perform their role and responsibilities for this.

Staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Staff understood family and friends were important to people and ensured they were appropriately involved in people's care. People were informed and supported to access independent advocacy services if they needed someone to speak up about their care on their behalf.

People's care was personalised, inclusive and timely. Staff acted promptly when people needed assistance and they understood and communicated with people in a way that was meaningful to them.

People received support and equipment to help them to stay independent. They were often supported to participate and engage in home life and sometimes within their local community. Improvements were planned to increase leisure and recreational opportunities for people.

People and their relatives were appropriately informed and comfortable to raise concerns or to make a complaint if they needed to. The views of people receiving care and their relatives were regularly sought by the provider and used to inform and improve people's care experience.

The service was well managed and led and people, relatives and staff were confident in this. Staff understood their roles and responsibilities for people's care and they were informed and supported to perform this.

The provider's governance arrangements helped to inform and ensure continuous service improvement and accountability for people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Known risks to people's safety associated with their health needs, medicines and environment were appropriately managed.

People were protected from the risk of harm or abuse. Staff knew how to keep people safe and provided care that was timely and safe.

Is the service effective?

Good

The service was effective.

People were supported to maintain and improve their health and nutrition in consultation with external health professionals when required.

Staff followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care, in way that was appropriate, valid and lawful.

Staff were trained and supported to enable them to perform their role and responsibilities for people's care.

Is the service caring?

Good

The service was caring.

Positive, caring relationships were established between staff and people whose families were made welcome and appropriately involved in people's care.

Staff valued people, treated them with respect and ensured their dignity and rights. Staff understood and promoted peoples' daily living choices and routines.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised, inclusive and timely. Staff knew how to communicate with people in a way that was meaningful to them and supported them to stay independent.

People's engagement with others, participation and inclusion in home life and the extended community was promoted. Improvements were planned to increase opportunities for people's engagement in this way.

People's views, comments and complaints were listened to, acted on and used to make service and care improvements

Is the service well-led?

Good

The service was well led.

The service was well managed and staff were motivated, informed and supported to perform their role and responsibilities for people's care.

The provider's governance systems demonstrated accountability and continuous improvement for people's care.

Ridgewood House Home for the Elderly

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 visited the service on 19 May 2016. Our visit was unannounced and conducted by one inspector. There were 20 people accommodated at the service.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, a notification of a person's death. We spoke with local authority care commissioners and also Healthwatch Derbyshire who are an independent organisation that represents people who use health and social care services.

Before this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. The completed PIR was returned to us.

During our inspection we spoke with seven people who lived at the home and four people's relatives. We also spoke with the registered manager, registered provider, five care staff and the cook. We observed how staff provided people's care and support in communal areas and we looked at three people's care records and other records relating to how the home was managed. For example, medicines records, staff rotas, training records and checks of quality and safety.

Good

Is the service safe?

Our findings

People, relatives and staff were confident that people received safe care at the service. They also felt that staffing was sufficient to support this. One person said, "I feel completely safe here; there's always enough staff who know what's what." Another person's relative told us, "I trust them completely with their care; staff are very good and always to hand; I know they're safe here."

We saw that staff supported people safely when they provided care. For example, when they helped people to move, eat and drink or take their medicines. People's care plans showed that known risks to their safety associated with their health conditions and environment were assessed before they received care and regularly reviewed. For example, risks from skin sores or from falls.

Staff understood people's care requirements associated with their safety needs. They were confident and knew how to keep people safe or raise any concerns they may have about people's safety. This included how to recognise and respond to any suspected or witnessed abuse of a person receiving care. This helped to make sure that people were safely supported and protected from the risk of harm or abuse.

Throughout our inspection we observed that people received assistance from staff when they needed it. Staff planning arrangements took account of staff absences, including holidays and sickness. Ongoing account was taken of people's personal care and dependency needs and used to inform staffing deployment arrangements. This showed that staffing arrangements were sufficient.

New staff did not provide care to people at the service until full employment checks had been carried out and verified. For example, this included checks from staffs' most recent employment, checks of their qualifications and experience and from the appropriate national vetting and barring schemes. This helped to ensure that people were of suitable character, able and safe to work with vulnerable adults to provide their care.

People's medicines were safely managed. People said they received their medicines when they needed them. We observed staff responsible, giving people their medicines safely and in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines told us they had received medicines training, which included an assessment of their individual competency. Staff training records also showed that all relevant staff received this. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

People said the home was kept clean and well maintained, which we observed at our visit. Management records showed that this was regularly monitored to ensure people's safety. This included cleaning procedures and arrangements for the regular servicing and maintenance of equipment used for people's

care. For example, hoists which helped people to move.

Emergency plans were in place for staff to follow, which they understood. For example, in the event of a person's sudden collapse or the procedure to follow in the event of a utilities failure. Clear information was also provided and displayed for people about key safety procedures such as in the event of a fire alarm. This helped to ensure people's safety in the event of a foreseeable emergency. Reports from local environmental health and fire safety authorities from their visits to the service in January 2016 and November 2015 showed excellent food hygiene and satisfactory fire safety arrangements.

Good

Is the service effective?

Our findings

People were positive and happy with their care. One person said, "The care is good; staff know what they are doing." Another person's relative told us, "She is very well looked after; staff were very aware of her care and personal needs."

People's recorded needs assessments and care plans showed how people's health conditions affected them and their related people's care requirements. Staff understood and followed this. Related records showed that people's care was regularly reviewed to account for any related changes.

People told us that staff supported them to see their own GP and other health professionals when they needed to. This included for people's routine and specialist health needs. For example, regular eye checks, diabetic health screening, dietary or mental health care and advice. People's care plan records reflected this and showed that staff followed relevant instructions from external health professionals when required.

People said they enjoyed their meals and that snacks, fruit and drinks were regularly available. One person said, "The food is very really good; in fact it's excellent and plenty of it. Another person said, "Meals are fantastic; they always discuss and willing to try new things; there's always alternatives." Relatives were also positive about the standard and choice of meals provided. One said, "Really good home cooking and baking; always fresh on the day and plentiful."

Daily menus were displayed in the dining room which showed a choice of hot and cold food at each mealtime. Food menus reflected people's needs and preferences and showed a varied and balanced diet. Most people choose to eat in the main dining room where tables were attractively set with the required cutlery, condiments and napkins. A few people were supported to eat their meal in quieter areas of the home in accordance with their personal preferences. Lunchtime was a cheerful, sociable and relaxed atmosphere.

Staff provided people with the support they needed to eat and drink. Staff knew people's dietary preferences and requirements and made sure that people were provided with the right type and consistency of food and drinks to suit this. People were also offered regular snacks and drinks throughout the day and fresh fruit was provided. This showed that people were supported to maintain and improve their health and nutrition.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguarding (DoLS).

People were supported to make choices and they were asked for their consent whenever they were able. We saw that staff asked people for their consent to care or support throughout our inspection. Records relating to people's consent were signed and dated and their purpose was clear. For example where people had been asked for and given their consent to have their photograph taken or to share important information about them with other care providers.

Some people were not always able to consent to their care because of their health conditions. Staff understood people's care to be provided in their best interests. People's care records showed an appropriate assessment of their mental capacity and a record of decisions about their care and support, made in their best interests.

Some people's care records showed advanced decisions they had made in relation to their care and treatment in the event of their sudden collapse or serious illness. Staff understood this, which helped to ensure that people received appropriate care in such an event. Records also showed that some people had appointed relatives who were legally authorised to make specified decisions on their behalf in relation to their finances or health and welfare. Staff understood this information. This helped to make sure that related decisions were appropriately made when required. This showed that staff followed the MCA to obtain consent or appropriate authorisation for people's care.

Staff received a formal introduction to their role, which met with recognised national standards for this. Each staff member received regular one to one supervision from a senior staff member to support their role and development. The registered manager told us they planned to introduce the Care Certificate for new staff to complete. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

Staff told us they received the training and support they needed to provide people's care. Staff were also supported to achieve and advance relevant vocational qualifications to support their role. Training records reflected this and showed that staff received regular training updates. This included training to ensure staff understood people's safety, consent and personal care needs relating to their health conditions. For example, in relation to dementia or pressure sore prevention. One staff member said, "I love it here; fantastic training; we are always kept up to date and learn every day." This showed that staff were trained and supported to perform their role and responsibilities.

Good

Is the service caring?

Our findings

People and their relatives said staff were consistently kind, caring and helpful; and confirmed that staff always treated people with respect and ensured their rights. They all spoke with high regard for the registered provider (owner), manager and staff; felt they had positive relationships with them and often referred to the home being 'like a family.' One person said, "Staff are lovely; they care, they are respectful and treat you like their family. A relative told us, "They all treat her very well and often make a fuss of her, which she thoroughly enjoys." Another relative said, "Staff are brilliant; and the owner and manager; they always make people feel they are important to them and they matter."

We saw that the service often received written praise and thanks from people and their relatives, which always referred to the care and kindness people receive from staff. We saw a recent letter from an external health care professional who provided advice to staff about one person's end of life care. This said, "The care given to the person was superb; You asked for advice to ensure their needs were met and followed all the things suggested; they died peacefully and with dignity, with their family at their side; exactly as the person wanted it to happen."

Throughout our inspection we observed that staff interacted well with people and had established caring relationships with them. There was a calm, happy and relaxed atmosphere in the home and we observed friendly, social and supportive interactions between staff and people receiving care and their relatives. People's relatives said they were appropriately involved in people's care and made welcome to visit the home at any time to suit the person they were visiting.

Staff were able to describe what they felt was important for people's care. This included promoting people's rights by ensuring their dignity, privacy, choice and independence. They gave examples such as addressing people correctly by their preferred name, closing curtains and doors before providing care or making sure that people were appropriately covered when they provide intimate personal care. One care staff told us, "Respect, choice and independence is key; important that we don't take it away, no matter how small the step or achievement; as much as they can do, we support and encourage that."

We observed that staff treated people with respect and took time to ensure their dignity, privacy, choice and independence when they provided care. This included supporting people to make choices, such as what to eat or drink or how and where to spend their time. Staff encouraged and supported people to move independently where possible. For example, they made sure where people who needed equipment, such as walking frames to help them to move independently, that this was placed within their easy reach. This showed that staff were caring, respectful and promoted people's rights when they provided care.

There was a happy, lively atmosphere in the home and we observed friendly, social and supportive interactions between staff and people receiving care and their relatives. People were also supported to spend time in quieter areas of the home as they wished, such as their own rooms, or in a quieter lounge. People's relatives said they were appropriately involved in people's care and made welcome to visit the home at any time to suit the person they were visiting.

People's care plans showed their choices for their care and preferred daily living routines, such as people's preferred morning rise and bedtime times or their preferred personal hygiene routines. One person's plan instructed staff to, 'Make sure I have regular holy communion as this is important to me.' Staff understood this and records showed that people's lifestyle choices were upheld. They also showed people's involvement and the contact information of family or friends who were important to them. Information was displayed about local care and also advocacy services, services if people needed someone to speak up about their care on their behalf.

Good

Is the service responsive?

Our findings

People's care was personalised through their inclusion and involvement. This meant that it was personal to them and provided in a way that was meaningful to them. People and relatives said that the registered manager, owner and staff knew and communicated with people well. All said that staff engaged with people in an inclusive manner and supported people in way that was meaningful to them. They also said that people received timely and appropriate care and support. One person said, "The owner, manager, staff – all of them; they spend time to find out how we are; what works and what doesn't; they do something about it if we ask them to or something's not right." A relative said, "We mentioned that the bedroom was on the small side; the owner listened and built a small extension to make it bigger; brilliant!"

Staff felt it was important to spend time with people to get to know them. Each person had a named care staff as their key worker, to support this. People's care and daily living arrangements were organised in a way that was meaningful to them. People's care records showed that staff consulted with people, relatives or others who knew them well to help to inform people's care and home life. This included information about people's social and family histories, their personal values, communication and equipment needs. Key information from this was translated into a personal care chart, which each person kept in their bedroom to inform their care and daily living arrangements. One person's relative said, "The chart is really good; everyone knows what's supposed to happen." This helped to promote a personalised and inclusive approach to people's care.

We saw that staff acted promptly when people needed assistance. For example, when people needed support to go to the toilet, to have a drink or when they need emotional support. Staff knew how to communicate with people and we saw that they engaged and interacted well with them. For example, staff told us about one person who was able to understand, make and communicate some decisions about their care, but who needed time and support to do this because of their health condition. Staff explained that they used pictures, clear speech and simple gestures to help them communicate with the person and during our inspection we saw that this worked. This showed that staff responded promptly and understood how to communicate with people in a way that was meaningful to them.

We observed that equipment was provided to support people's independence, orientation and sensory needs. For example, large print and picture signs, such as for bathrooms and toilets; adapted cutlery, and drinking vessels, adapted dining chairs and a hearing loop system. Staff made sure that people were supported to use these when required. This showed that people received support and equipment to help them stay independent.

People were supported to engage social and recreational activities and to practice their religious faith in the way they chose, often within and sometimes outside the home. For example, lounge board and card games, gentle hoop throwing, quizzes, sing-alongs and bingo. One person was a keen ballroom dancer and taught care staff to waltz. A few people regularly accessed the local community to engage in spiritual, social and recreational groups with people who had similar interests. For example, a church lunch club, card making classes or to visit the local pub. Students from a local school regularly undertook supervised work

experience at the home. The students spent time and talked with people who shared their life stories with them or played board games with them. The registered manager told us about their action plan to increase leisure and recreational opportunities for people, from the expressed views of people and their relatives about what they felt could be improved. A dedicated staff role had been recruited to, to help co-ordinate and ensure this.

People and their relatives were appropriately informed, comfortable and knew how to raise any concerns or make a complaint if they needed to. However, they also said that any issues or concerns were always acted on as a matter of course, without the need to make a formal complaint. People and relatives were periodically asked for their views about various aspects of people's care by way of a written survey. For example, in relation to the environment, staff attitude and care approach, access to health professionals and timeliness of care, meals and laundry provision. We sampled six survey returns, which showed that people rated those aspects of their care as good or excellent. This helped to ensure people's participation and inclusion and to inform improvements that may be needed for people's care.

Good

Is the service well-led?

Our findings

People, relatives and staff were confident and complimentary about the management and leadership of the service. One person said, "The manager is very good, they run a fair but tight ship, so staff know what's expected of them." Another person echoed the same and told us, "You can't beat them; the owner is here nearly every day; they always ask how we are and spend time to find out, not just a passing courtesy." A relative said, "The manager is visible, gets stuck in and works with staff, so knows what they are doing; they always checks with me to find out how things are; open and honest, nothing is ever hidden."

Staff were supported and informed to perform their role. One care staff said, "Very well supported, we work as a team; the manager is firm, but fair and not dictatorial; they listens to our views, but always makes sure things are done properly – no corner cutting." Another said, "Communication is key, you can't care for people properly without the right information; care handovers are tailored and care plans are kept up to date to make sure staff are fully informed about people's care."

Staff were confident and knew to report any changes in people's health and to share their views or raise any concerns they may have about people's care. The provider's policy arrangements supported them to do this. For example in relation to accidents, incidents or for reporting safeguarding concerns.

Staff described effective arrangements for the organisation and delivery of people's care. This included established communication and management systems, which helped to ensure accountability for people's care. For example, care handovers, staff meetings and one to one supervisions along with the formal periodic appraisal of staff's individual work performance and development needs.

The registered manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as weight loss, infection or skin sores. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.

Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, to tell us about a death.