

Ridge House Residential Home Limited

Ridge House Residential Care Home

Inspection report

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Tel: 01363877335

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27 February 2017

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 22 February 2017. We returned on 27 February 2017 to complete the inspection. The service was last inspected in October 2014, was rated as good and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and associated Regulation.

Ridge House is registered to provide personal care and accommodation for up to 15 older people. The home does not provide nursing care. At the time of our inspection there were 14 people living at Ridge House.

When we visited 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.

The registered manager and staff team were inspired to provide exceptional care to people. The atmosphere in the home was warm and very friendly. People had developed strong relationships with staff. This was evident throughout our inspection with the general conversations and banter which were observed. People commented: "I feel part of the family" and "Its outstanding here. The kindness, the atmosphere."

People and their relatives told us the most wonderful comments about the staff and the home. Comments included: "Fantastic here, excellent"; "They (staff) are charming, kind"; "We are very lucky" and "You couldn't better it. This is better than the Ritz."

People received extremely personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. A staff member commented: "We get to know the person first and then plan their support needs with them."

All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people.

The registered manager provided strong leadership and was a good role model for all staff. They had established a service where staff were clear about the values and ethos of the home. The service had a positive culture that was person-centred, open, inclusive and empowering.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal

processes. Medicines were safely managed on people's behalf.

People's views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were involved in people's care to ensure they received the right care and treatment.

There were effective recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received training and regular support to keep their skills up to date in order to support people appropriately.

The providers took an active role running the home, for example by carrying out maintenance, or helping to cover for staff during sickness and holidays, and were present in the home on a daily basis. The registered manager and providers told us that working alongside staff on a regular basis enabled them to fully understand every person's care needs.

People and their relatives spoke fondly of the registered manager, providers and their staff team. They felt the service was an inspiration due to how it was run. One person commented: "I feel the management and staff are exceptional." There was a sense of collaboration between the registered manager, staff, relatives, visitors and people living at the home; all with the goal to make the home a pleasant place to live, work and visit.

The registered manager strived to provide the best possible service for people. A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

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 safe.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good ●

The service remains effective.

Staff received extensive training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance in terms of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

The service was extremely responsive to people's needs.

People received extremely personalised care and support specific to their needs and preferences.

People and relatives commented about the attention to detail and staff going that 'extra mile' when it came to enhancing people's quality of life.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

The service was very well-led.

The registered manager provided strong leadership and was a good role model for all staff. They had established a service where staff were clear about the values and ethos of the home.

The service had a positive culture that was person-centred, open, inclusive and empowering.

The registered manager strived to provide the best possible service for people.

The registered manager and providers worked alongside staff on a regular basis which enabled them to fully understand every person's care needs.

A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

Outstanding 

Ridge House Residential Care Home

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.

This unannounced comprehensive inspection took place on 22 February 2017. We returned on 27 February 2017 to complete the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with eight people receiving a service, three relatives and eight members of staff, which included the registered manager and owners. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting health professional.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one professional.

Is the service safe?

Our findings

People felt safe and supported by staff. Comments included: "I feel very safe living here"; "I can always speak to staff if I am worried. They are lovely" and "I feel safe here and the staff are so kind." Relatives commented: "I have absolutely no concerns about this place" and "(Relative) feels so safe here. I have peace of mind."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care, nutrition and skin integrity. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person's independence and ability to take informed risks.

People confirmed staffing arrangements met their needs. Comments included: "Oh yes, there is definitely enough staff"; "Staffing levels are really good. Nothing is too much trouble" and "The staff are wonderful and meet my needs promptly." Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed during our visit when people needed support or wanted to participate in particular activities, staff were promptly available. When call bells rang they were answered in a timely manner. Staff spent time with people, for example, chatting with people about subjects of interest and having banter in communal areas.

The registered manager explained that during the daytime there were three members of staff in the mornings with a cook and two staff in the afternoon. In addition, the registered manager and owners were always on hand in supernumerary roles. At night there was one waking night staff and another slept in on site who could be called if needed. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included

references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in by a staff and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard and trolley. Both the cupboard and trolley were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines recording records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

People said staff were very well trained. People commented: "The staff are all different and bring different skills"; "The staff are great at their jobs"; "They (staff) are very well trained" and "They (staff) know what they are doing."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

The registered manager ensured staff were trained to a high level to meet people's current and changing needs. They valued face to face training, seeing this as the best way to equip staff to care for people appropriately. The service worked in partnership with other organisations which included clinicians from a local hospice, the NHS, local authority and a range of other professionals to provide training. This ensured staff received training which was evidence based and current best practice. Staff valued the training and felt confident meeting people's needs and recognising changes in their health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, infection control, moving and handling, the Mental Capacity Act, equality, diversity and inclusion, prevention of pressure damage, safeguarding, first aid and dignity in care. In addition, staff had completed specialist training specific to people's individual needs. For example, Parkinson's awareness, dementia care, nutrition and hydration, diabetes and end of life care.

Staff had also completed varying levels of nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip care staff new to health and social with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "The training we receive is great" and "I feel confident doing my job because of the training I have received."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager when it came to their professional development. Supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Staff were skilled to know how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, community mental health nurse and district nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. For example, district nurses were involved in maintaining people's skin integrity.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. For example, people's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated a sound understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Three people were awaiting an assessment from the local authority for a DoLS authorisation at the time of our inspection. There was clear evidence of the registered manager updating the local authority when people's needs were changing to ensure they were safeguarded appropriately in the least restrictive way.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's memory loss and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, regards to a person's increasing needs. The registered manager was proactive in assessing people's capacity on an ongoing basis to ensure they received the right level of support. For example, a person's ability to manage their medicines.

People were supported to maintain a nutritious and balanced diet. People were actively involved in choosing what they wanted to eat with staff support to meet their individual preferences. In January 2017, people's views were sought about possible new dishes and they were asked for ideas. People commented: "The cook makes the most wonderful cakes"; "We have a very good cook" and "The food is amazing. Lunch was very, very nice." Meals were cooked freshly by the cook and were warming and nutritious. For example, on the first day of our inspection, people were enjoying beef stew followed by cheesecake. The second day there was homemade quiche and vegetables, followed by syrup sponge and custard. Alternatives were always available. We saw one person preferred soup and another a sandwich. The mealtime experience was a social occasion for people. The home smelt lovely with the smell of home cooking and gave a homely feel to the home.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a monthly basis

and the chart was then shared with the cook so they knew which people were underweight, within normal range or overweight. Where people were underweight, their diet was fortified with high calorific produce, for example cream and butter.

Is the service caring?

Our findings

The registered manager and staff team were inspired to provide exceptional care to people. The atmosphere in the home was warm and very friendly. People had developed strong relationships with staff. This was evident throughout our inspection with the general conversations and banter which were observed. People commented: "I feel part of the family" and "Its outstanding here. The kindness, the atmosphere." Staff spoke about people being an extended family. One staff member commented: "It's lovely here. We can talk about people's lives. They are a second family to you."

People told us the most wonderful comments about the staff and the home. Comments included: "Fantastic here, excellent"; "They (staff) are charming, kind"; "We are very lucky" and "You couldn't better it. This is better than the Ritz." Relatives commented: "Fantastic. Friendly, jolly and the staff look after people really well. We looked at about ten homes, Ridge House was the first and we were spoilt as others could not come up to the mark. So happy Mum is here"; "I love this place. It's brilliant. The staff are excellent" and "We are very, very lucky. It's a home, warm. The carers are absolutely superb. They really do care." A visiting health professional said, "Staff are always friendly and nice."

Visitors praised the thoughtfulness of the staff and the registered manager. The home had received several cards and letters complimenting the service. Comments included: 'The staff and management at Ridge House have been exemplary in their ministrations. Nothing is too much trouble. We thank you from the bottom of our hearts'; 'It gives us peace of mind to know Mum is in such a caring environment'; 'The staff are always kind, warm and caring. It's a happy place'; 'We looked at quite a few different places for (relative). Ridge House is light years ahead of the others'; 'There really are no words enough to express our gratitude to you all for your love and support, not only to our lovely Mum but very much to us as a family'; 'A first class residential home that maintains excellence at all times. The family run atmosphere adds a special warmth that is invaluable and much appreciated. Thank you and please don't change'; 'The care is exceptional'; 'My experience of Ridge House is that it is outstanding in all areas. Knowing Mum is cared for by such friendly and helpful management and staff....Gives me great peace of mind' and 'If it was a hotel it would be five stars!'

From meeting with the people living at the home, we recognised their sense of identity and maintaining their dignity was extremely important to them. From our conversations, it was clear they viewed their bedrooms as their private space and had personalised them to reflect their interests and previous livelihoods. People and their families were encouraged to have input in the decoration of their bedrooms, which were redecorated frequently to ensure they remained fresh and in line with people's changing preferences. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. One person commented: "I am treated with dignity and respect."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. People

commented: "They (care staff) help promote my independence" and "The staff will help me read my mail." People were also able to keep up to date with current affairs with staff purchasing daily newspapers of their choice. Staff demonstrated empathy in their discussions with us about people. One staff member commented: "We care, genuinely care about each one of our service users." Others commented: "It's not a job. I feel I have achieved something" and "I go home and feel I have made a difference."

Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately. For example, one person found comfort in touch. For this person this included holding hands and often found comfort in leaning their head onto staff members' shoulders. This person responded well to reassurance.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "I have been very involved with my care plan" and "I am in control of the care and support I receive."

Is the service responsive?

Our findings

People received extremely personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. A staff member commented: "We get to know the person first and then plan their support needs with them." Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with the registered manager at the start in order for them to understand their needs.

All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. Relatives commented: "The staff are excellent"; "The carers are absolutely superb" and "I feel the staff and management are exceptional." People and staff spoke about how each person's birthday was seen as an opportunity for them to celebrate if they wished. One person commented: "The cook makes a birthday cake for all our birthdays."

A person spoke about their experience of living with a dementia. How they spoke was inspiring as they spoke in a confident and informed way about their experience. We discussed this with the registered manager. They were registered with the Alzheimer's Society, who sends ongoing information and a document entitled 'Living for Dementia'. The registered manager spoke about this person and how they liked information and to read about their condition. The registered manager had taken the time to ask them ways to help them self. As a result they requested additional resources, including a 'memory handbook.' Other aids introduced were a calendar which included all family visits, outings, activities and so on; a simplified map of the village including the areas this person enjoys walking and also prompt reminders when leaving the home for walks. The person also signed in and out of the visitor's book each time, this now formed part of this person's routine and helped encourage an independent lifestyle as much as possible. They also carried on them 'about me' card in their purse sourced again by Alzheimer's society. This gave some essential information about them for when they were outside the home. The registered manager also took them to the supermarket to buy items they may have needed, prompting their independence by handling their own money and they were enabled to use the 'self-checkouts' with some guidance.

People were able to choose what activities they took part in and suggest other activities they would like to complete. There were opportunities for people to take part in regular weekly group activities such as afternoon teas, quizzes, outside entertainers and hand massages. People had also enjoyed visits from animals, including donkeys, guinea pigs and a llama. They spoke fondly about the animals and how much fun they had had. One person had also started to attend the local chapel coffee morning each week which they were thoroughly enjoying. In addition, the home had run events for charity, with people choosing which charity to fund raise for. For example, they had raised money for Macmillan, Devon Air Ambulance and Hospice Care through coffee mornings and a Christmas hamper. Also two to three times a year an independent lady visited the home selling shoes, clothes, nightwear, under wear and so on. This was an opportunity to bring the shops to people. The person would set up as if it was a department store. People told us they really enjoyed this opportunity and were able to try on clothes and shoes before buying. This promoted their independence so they felt they were not completely reliant on family and they had a sense

of pride in their purchases. One person commented: "It's the little things that matter. When it was hot in the summer they (staff) brought in ice creams." A relative also commented about the attention to detail and staff going that 'extra mile' when it came to enhancing people's quality of life. They said, "They (staff) go over and beyond. Carers buy Christmas presents for individual residents. Plus the owner took whoever wanted to go to the pub for Christmas meal and he paid for it." Other examples of how the service encouraged activity included people enabled to attend local supermarkets to assist buying their essential items, encouraging them to handle their own money; supporting people to attend local events within the village and a person missed cutting the grass, with support they now have a mower at the home and with support and guidance was able to do what they loved.

People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. The service had purchased a 'tablet' computer and set up a Skype account. People were making use of this facility to stay in contact with loved ones. One person was able to maintain contact with their son who lives in Australia.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible. Care files included personal information and identified the relevant people involved in people's care, such as their GP. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their preferences. For example, one person's care plan stated. 'I don't like anything too tight around me, I find it uncomfortable.' These little details which mattered to people ensured when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. One staff member commented: "We are here for people and listen to their needs." Another told us, "The information we have about people ensures we are meeting our residents' individual needs." A visiting professional commented: "It's fantastic here. The staff are responsive, take on advice and guaranteed it will be done."

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care, skin care, mobility and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as how they liked to spend their time and having a daily newspaper. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Ridge House is a family-run home. The providers have owned and managed the home for a number of years. The providers took an active role running the home, for example by carrying out maintenance, or helping to cover for staff during sickness and holidays, and were present in the home on a daily basis. The registered manager and providers told us that working alongside staff on a regular basis enabled them to fully understand every person's care needs. This gave them an opportunity to observe staff practice and to lead by example. The registered manager and providers actively promoted a relaxed and welcoming atmosphere.

The registered manager provided strong leadership and was a good role model for all staff. They had established a service where staff were clear about the values and ethos of the home. The service had a positive culture that was person-centred, open, inclusive and empowering. Staff said the registered manager listened to them. They appreciated the sense of working together as a team. Staff commented: "This is the best place I have worked. It's so easy to talk to (registered manager)"; "(Registered manager) is brilliant, magnificent, excellent leader. She is dedicated to her job, 110%"; "(Registered manager) knows everyone, as it should be. Not in her office all day"; "(Registered manager) is excellent. I have seen her flourish" and "(Registered manager) is a lovely caring person, really approachable." Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis.

People and their relatives spoke fondly of the registered manager, providers and their staff team. They felt the service was an inspiration due to how it was run. Comments included: "The manager and owners are really approachable. Always let me know any changes in mum's health"; "The (registered manager) is very good, very efficient"; "The management are very kind"; "(Registered manager) is highly efficient. I have absolutely no concerns about this place. So homely and well maintained"; "I feel the management and staff are exceptional" and "The (registered manager) is keen to do the right thing. She is very on the ball. They expect from their staff and they give back to them." There was a sense of collaboration between the registered manager, staff, relatives, visitors and people living at the home; all with the goal to make the home a pleasant place to live, work and visit.

Staff were supported to reach their true potential. Staff were encouraged to obtain additional qualifications and suggest training which would benefit the people living at Ridge House. Staff were supported to develop their skills through induction, national recognised care certificates together with a wide range of additional courses which assisted in providing staff with the skills and knowledge needed to care for people appropriately. In addition, the registered manager was accredited and linked to many organisations to ensure their staff team were up to date with current best practice. For example, they were a dignity champion with the National Dignity Council and signed up to organisations including, dementia care matters, the Clinical Commissioning Group (CCG) and the National Institute for Clinical Excellence (NICE). It was evident from talking to staff that they had a sound understanding of current best practice which was observed throughout our inspection. For example, staff put people's dignity at the heart of their work to ensure they led the best possible quality of life. In addition, a senior staff member had expressed a

particular interest in developing their knowledge of dementia recognising how this impacts on the people living at Ridge House and their relatives. They were due to attend 'Dementia Champion' training in May 2017 and become the home's champion. They would then disseminate their learning to the rest of the staff team to ensure they truly understood how dementia impacts on people's lives.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. For example, they understood the importance of ensuring all staff worked to a consistent standard of care and had introduced a system to monitor this. This was a 'sense' check through observations which provided the registered manager assurance about how staff interacted with people when providing care and support.

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. All comments were highly positive. The registered manager had also implemented monthly one to one reviews to ensure feedback from people was obtained on a frequent basis. This had been delegated to a senior member of staff. These reviews covered a wide range of aspects from the care provided through to activities and meal choices. One person commented: "They (staff member) is always asking us if we want anything changed." This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was very much embedded in Ridge House.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met. A professional confirmed that the service worked well with them and communication was very good. Another professional commented "I have found (the registered manager) very easy to communicate with. She is proactive in contacting me when she has identified training requirements. The staff team are always welcoming and participate fully in the training that I provide.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, where needed involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by the registered manager, as they worked alongside the care staff. For example, the checks reviewed people's care plans and risk assessments, medicines and incidents

and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. In addition, to ensure their audits were accurate, the registered manager had delegated a senior member of staff to audit their audits. This was to ensure quality assurance systems were robust.

The registered manager strived to provide the best possible service for people. They had self-referred to the Quality Assurance and Improvement Team (QAiT). The QAiT team offers advice and support providers to meet the quality standards and requirements of Regulators and Devon County Council. As a result, they met with a quality assurance and improvement officer on 5 December 2016. In conclusion of the visit, the registered manager implemented a service improvement plan. This was completed in line with relevant legislation, including the Health and Social Care Act (2008). The plan identified those things which could be improved or developed further. For example, additional information added to care plans, more meal choices and maintenance work.