

Sudera Care Associates Limited

Ridgeway Nursing Home

Inspection report

Crich Lane
Ridgeway
Belper
Derbyshire
DE56 2JH

Tel: 01773853500

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ridgeway Nursing Home is a care home in Belper, Derbyshire, providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service is registered to support up to 37 people.

People's experience of using this service and what we found

A new manager had been appointed since the last inspection. Although governance systems had improved, further improvements were required to make these effective. People, relatives and staff all spoke highly of the new manager and felt improvements were ongoing. The manager had been in post for seven weeks before the inspection, they were working towards an improvement plan.

Staff training required further improvement to ensure this met with Regulations. Staff had completed more training since the last inspection but there were still some areas where training had not been provided.

Staff were not always safely recruited. One staff member had not been subject to pre-employment checks before they were employed, however, all care staff were safely recruited. There were enough staff on duty to meet people's needs and respond to them in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's safety were assessed and minimised. Staff knew people well and understood how to keep them safe from avoidable harm. Records relating to the assessment of risk were in the process of being updated. The number of accidents and incidents of behaviours that challenge had reduced significantly.

Staff were kind and caring and treated people with respect. There was a variety of activities available. People were encouraged to eat and drink things they enjoyed. The manager had re-designed areas of the home, these were now light, spacious and free from clutter.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 20 May 2021). Multiple breaches of regulations were found.

This service has been in Special Measures since 3 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ridgeway Nursing Home on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ridgeway Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ridgeway Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had not been employed at Ridgeway Nursing Home since 30 June 2021. The provider had appointed a new manager who had been in post since 5 July 2021. They had applied to register with CQC. Throughout this report they will be referred to as 'the manager'.

Notice of inspection

This inspection was announced to the provider and the manager by email, the inspection team arrived at the home simultaneously as the email arrived. We did this so we could reassure the provider of the COVID-19 tests and training completed by the inspection team and give the provider the opportunity to send some information by email if they chose to.

What we did before inspection

The provider had not been asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with twelve members of staff including the manager, nurses, care staff and domestic staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure there were always safe recruitment procedures in place. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff were not always safely recruited. We reviewed recruitment records for staff and found that criminal records checks had not been completed for one staff member until six weeks after they had started working. Criminal records and other relevant background checks were in place for the newly recruited care staff.

The provider had not always ensured staff were safely recruited. This was a continued breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to meet people's needs safely. We observed staff respond to people quickly and people did not have to wait for staff to come to support them.
- The home was no longer relying on agency staff to ensure safe staffing levels as they now had enough permanent staff and recruitment of permanent staff was ongoing. There was a contingency plan of using agency staff to cover unforeseen staff absence if necessary.

At our last inspection we found the provider had not done all that was reasonably possible to mitigate, minimise and manage the risk of avoidable harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Although no longer in breach of regulation 12, we were not always assured that the provider was using PPE effectively and safely. PPE was available to staff and staff had received training in the use of PPE.

However, we did observe times where staff were not wearing PPE or not wearing PPE effectively (for example, the face mask below their nose).

We recommended the manager review the requirements for PPE with staff and ensure staff were supported to understand current government guidelines.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and free from malodours throughout.
- We were assured that the provider was accessing testing for people using the service, staff and visitors. Clear and accurate records of test results were kept.
- We were assured that the provider was preventing visitors from catching and spreading infections. People were supported to have visits with friends and relatives in the home and garden. Visits were managed safely, and government guidelines were followed. We were assured that the provider was meeting shielding and social distancing rules.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and reviewed. The manager had designed a new care plan format to make it easier for staff to have access to clear and accurate guidance about how to care for people safely. At the inspection only one person's care plan had been updated to the new format, this meant other people's care plans were still on the old format that were overloaded with historic information and duplication. The manager assured us the work to update all other people's care plans to include clear and accurate guidance was ongoing.
- There were personal emergency evacuation plans in place for each person. These were clear, accessible to staff and contained accurate information about how to safely care for someone in an emergency such as a flood or a fire.
- Since the last inspection the number of accidents and incidents had reduced significantly. The manager had made many changes to the environment, such as de-cluttering communal areas and improving the lighting in the corridors to achieve this. However, the records relating to accidents and incidents were not always accurate and did not always demonstrate that lessons had been learned. The manager assured us they were aware of this and there were improvements ongoing with record keeping.
- Relatives told us they felt their relations were safe. One relative said, "There have not been any issues like falls and so that reassures me that my relative is 100% safe here."

Using medicines safely

- Medicines were generally safely managed. People received their medicines as prescribed.
- We identified some minor improvements were required to the recording and guidance around medicines. For example, when people received medicines as creams applied to their skin, staff had ticked rather than signed the MAR which meant it was not clear which staff member had supported the person. We raised this with the manager, and they assured us improvements would be immediately implemented.

At our last inspection we found the provider had not ensured people were protected from abuse and improper treatment. This was a continued breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. There was a safeguarding policy in place. Staff understood the different types of abuse and told us they would report any concerns to the manager and felt confident they would be listened to.
- When people had accidents or incidents (such as behaviours that challenge) referrals were made to relevant safeguarding and healthcare professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff were supported to undertake training to enable them to fulfil the requirements of their role. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider did not yet have a consistent approach to staff training. Although staff had completed a lot of training since the last inspection, there were still many staff who had not completed training in line with the Care Certificate. (The Care Certificate is a nationally agreed set of standards for staff working in health and social care). For example, some staff had not completed training in safe moving and handling, behaviours that challenge or end of life care and the service did support people with these needs.
- Records relating to staff training were not always clear. There were some staff who had worked at the home for some time who were not included on the training records. This meant the provider could not demonstrate what training these staff had completed.

The provider had not ensured staff were supported to undertake training to enable them to fulfil the requirements of their role. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager assured us there were plans being implemented to improve the systems for staff training and ensure staff were supported to completed training in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found some people were unlawfully deprived of their liberty. This was a continued breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 13.

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was working in line with the MCA and DoLS. People's ability to make their own decisions were assessed and recorded. People were not unlawfully deprived of their liberty and all necessary DoLS applications had been submitted since the last inspection.
- Where people were subject to DoLS, staff weren't always informed of the conditions relating to these. Although staff knew people well and knew how to keep them safe, improvements could be further imbedded by ensuring staff always understood the conditions relating to people's DoLS.

We recommended the provider improve records relating to DoLS to ensure staff understood the related conditions and ensured they always worked within these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and recorded. Staff knew people well and we saw staff respond when people displayed behaviours that challenged as per the guidance in their care plans.
- Nationally recognised guidance was followed to monitor people's health needs. For example, the Malnutrition Universal Screening Tool (MUST) was used to monitor people's weights.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and had a choice over what they ate and drank. People and relatives told us there was always a choice of good quality meals, drinks and snacks. We saw staff encouraged people to eat and drink as much as they liked. One relative said, "The food is a lot better recently, my relative's diet is quite good" One staff member said, "The food the chef makes is excellent, there's always choice and we really encourage people to drink a lot, people really enjoy the fresh fruit smoothies the chef makes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were systems in place to refer people to external services and healthcare professionals where necessary.
- External professionals such as commissioners and healthcare professionals all told us that communication and collaboration had improved since the manager was appointed.

Adapting service, design, decoration to meet people's needs

- The environment reflected people's personal preferences and there was a variety of different areas for

people to spend their time in.

- Since the last the inspection the manager had made many improvements to the environment. These included decorating communal areas, moving furniture so areas were free from clutter and unnecessary obstacles, removing privacy stickers from windows in communal areas and improving the lighting in the corridors. This meant there was more space for people to enjoy and areas felt more bright and homely.
- There was an outdoor garden area people used. Relatives told us they had enjoyed visits in the garden seating area during the summer.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff who were caring and patient. This was reflected in the feedback we received from relatives. One relative said, "I visit my relative 2 or 3 times a week and I see the same staff which reassures me that they will know my relatives needs as [the staff] are not always changing." A different relative said, "I am very pleased with all the staff here, they are all very friendly, lovely people. You couldn't wish for better carers."
- Staff told us they enjoyed working at the home and enjoyed the company of the people they supported. One staff member said, "It's a lovely place to work now because we get to spend lots of time with people, we know people well and I enjoy their company."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions and relatives told us they felt fully involved in their relation's care. However, the records relating to people's care did not yet demonstrate this. The manager assured us this had already been identified and records would soon reflect the hard work of staff and the manager in ensuring people and relatives were fully involved in all decisions made.
- The manager made sure staff had the time and the information they needed to always support people in a person-centred and compassionate way.
- There was not yet access to independent advocacy within the home. An independent advocate is a person who facilitates interactions where decisions are made when people are unable to do this for themselves. The manager assured us this was an item on their improvement plan, and this would be in place as soon as possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff speak with people in a way that was kind and caring. Staff knew how people preferred to be addressed and engaged in meaningful conversations about things that interested them.
- Privacy and dignity were promoted. The manager had created a nurse's office where nurses or care staff could make and receive phone calls about people's healthcare needs in private and could not be overheard. We saw staff spoke with people in a way that was dignified and kind when people displayed behaviours that challenged.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personal to their own needs and preferences. The staff were aware of any cultural or religious needs and how to ensure people were supported to follow these.
- There was guidance for staff to follow for people that displayed behaviours that challenged. Although care plans were in the process of all being updated to a new format, staff knew people well, had developed close relationships over time and knew how to support people in the way they preferred. We observed interactions where staff used distraction techniques to support people when they started showing signs of becoming agitated and people responded by becoming calmer and appearing more comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was not working in line with the AIS. Information was not always provided to people in a format they could understand. For example, the menus showing what food was available that day were in small print on the wall and it would not be easy for people with limited vision to read these. Although people's communication needs were assessed, there was no system in place to ensure documents could be presented in different formats that met people's communication needs. The manager assured us they had already identified this and had plans to ensure they worked within the AIS in the near future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported take part in a variety of activities that met their personal preferences. There was an activity co-ordinator in post. An area of the home had been designated as the activities area and there were plans to enhance this further and offer a wider variety of activities.
- Relatives were welcomed to the home to visit and were provided with pleasant and comfortable areas of the home to enjoy their visit. Every relative we spoke with told us they had been kept up to date with visiting arrangements since the last inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and this was easily accessible to staff. Relatives told us they felt comfortable contacting the manager or the staff if they wanted to complain.

- There were no records of any complaints having been received since our last inspection. Relatives told us they had been reassured by the manager that they could raise any concerns with them, and they would be listened to.

End of life care and support

- People's wishes for how they would like to be supported at the end of their lives were explored and recorded. There was clear information about whether people wanted to be resuscitated, or if they would prefer not to be admitted to hospital if they became seriously unwell.
- However, there was still a lack of training for staff about how to support people at the end of their lives. The provider had repeatedly assured us since our inspection in January 2021 that this was being arranged. The manager told us they had identified this and had started the process of ensuring staff received training in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider did not operate systems effectively to assess and monitor the quality of care. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance and performance management were not always effective. Governance systems had improved since the last inspection but required further improvements to ensure they demonstrated how the audits completed were used to implement change.
- Accidents and incidents were audited, but the system did not include a review of records relating to when people displayed behaviours that challenged. Where audits were completed, they identified themes and trends but did not reach a conclusion.
- Records of accidents and incidents were reviewed and follow up actions were recorded. However the audit system had not identified that follow up actions focused on referrals to external professionals and therefore did not identify what the home could do to prevent the same thing happening again.
- Medicine audits were completed but had not identified there was a lack of clear guidance for covert medicine administration and some missing signatures on MARs.

The provider did not always operate systems effectively to assess and monitor the quality of care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was in the process of designing new governance systems and assured us these were a work in progress and would be implemented in the near future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

At our last inspection the provider had not acted in an open and transparent way. This was a breach of regulation 20 (duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The provider was working within the duty of candour. When something had gone wrong such as a person having an accident, the manager and staff ensured people's relatives and all relevant external professionals were informed.

At our last inspection the provider had not submitted notifications of death, serious injuries or abuse CQC. This was a breach of both regulation 16 (Notification of Death), and regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made and the provider was no longer in breach of regulations 16 and 18.

- Since the last inspection the provider has submitted all necessary notifications to CQC. The manager was knowledgeable about what should or should not be notified to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and professionals all said the service was now well-led. The manager had consistently implemented positive change since their appointment seven weeks before this inspection. One person said, "I like the manager yes I do."

- Staff spoke highly of the manager and consistently told us they were happier and able to deliver more high-quality care since the manager had taken over. Comments we received included, "We are all so happy with the new manager, the home is so much better, we can raise things with the manager in private if we want to, they have been so supportive to us all." "The home has improved so much under the new manager, lots of changes, it's all open and above board now which is nice." And, "The new manager is so approachable and supportive to staff and relatives it's great."

- The manager had written and had started to implement a structured improvement plan. This was done in collaboration with the provider. The improvement plan did cover all the areas we have identified as requiring improvement at this inspection. The manager told us they had a timeline for the completion of all the improvements and they had support from the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The manager had ensured people and relatives were involved in meaningful ways. One relative said, "The new manager wrote to us and then came into the visitor's room to make themselves known to us and told us not to hesitate to contact them if we need to." A different relative said, "The attitude of the home seems much more positive now. Since the new manager has come I had a list of questions I wanted answers to, and the manager answered all of them for me. That is a lot better than before."

- Staff told us the manager had ensured staff were listened to and their opinions were sought on the improvements to the home. One staff member said, "They are asking staff for ideas, we feel part of the

running of the home now and part of the improvements."

- Staff were invited to regular meetings and clear records of these were kept. These showed the manager supported staff to understand how to continue to drive forward improvements and maintain the care people wanted to receive.
- The local authority and clinical commissioning group told us they had seen many improvements at the home since the manager had taken over and in response they had started the process of commissioning new placements for people at Ridgeway Nursing Home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate systems effectively to assess and monitor the quality of care.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not always ensured staff were safely recruited.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff were supported to undertake training to enable them to fulfil the requirements of their role.