

Ridgeway House (Bristol) Limited

# Ridgeway House

## Inspection report

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Ridgeway House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ridgeway House provides accommodation with personal care for up to seven people with learning disabilities and autism. At the time of our inspection seven people were living in the home.

The care service has been developed and designed in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

At the last inspection, in June 2016, the service was rated overall as good, and in each of the key questions: is the service safe, effective, caring, responsive and well-led.

We carried out a comprehensive inspection on 20 November 2018. At this inspection, we found further developments and improvements had been made following the last inspection. We rated the key questions: is the service responsive and well-led as outstanding. We rated the key questions: is the service safe, effective and caring as good.

The service overall, has improved to outstanding.

Sufficient numbers of staff were deployed at the time of our visit. Staff performance was monitored. Staff received supervision, training and support in a variety of ways to ensure they could meet people's needs.

Medicines were safely managed and robust checks were in place to identify and take actions when shortfalls were identified.

Staff demonstrated an excellent understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

Risk assessments and risk management plans were in place. Personal care was delivered in line with

assessed needs and accurate monitoring records were maintained.

Incidents and accidents were recorded and showed that actions were taken to minimise the risk of recurrence.

People's dietary requirements and preferences were recorded and people were provided with choices at mealtimes.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Care was personalised, innovative, highly responsive and sensitive to individual needs.

A wide range of leisure and therapeutic activities were offered and provided people with stimulation, entertainment and engagement, in and out of the home.

Systems were in place for monitoring quality and safety. Where shortfalls or areas for further improvements were identified these were acted upon.

Relatives, health professionals and educational professionals involved with the home spoke highly of the management team and described the leadership as outstanding.

## 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 Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Care was very personalised and highly responsive to people's needs.

Staff worked exceptionally well with other health professionals to make sure changes were promptly identified and acted upon.

A wide range of innovative activities that were meaningful and therapeutic supported people to live as full a life as possible.

People were encouraged and supported to make their views known and express worries or concerns.

### Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The service was exceptionally well-led. Staff were highly valued by the management team, with strong recognition of their involvement in developing the service.

Feedback from people who used the service, relatives, external health professionals and staff was used to make continual improvements.

The management team developed innovative ways to increase community links and there was a culture of sharing and

celebrating success.

A comprehensive quality assurance system identified shortfalls and evidenced where actions were taken to make improvements.

# Ridgeway House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Ridgeway House on 20 November 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Before the inspection visit we looked at the information we had received about the service. We looked at notifications we had received. Notifications are information about important events that the provider is required to tell us about by law. We also used information the provider sent to us in their Provider Information Return (PIR). This is information we require providers to send to us at least once each year, that gives key information about the service, what they do well, and improvements they plan to make.

During our visit we met with everyone and spoke with two people who lived at the home. Some people were unable to tell us about their experiences. We spent time observing how people were being cared for and supported, and the interactions between staff and people using the service.

We spoke with the owner, registered manager, deputy manager and five staff that included care and maintenance staff. After the inspection we spoke with three relatives and received written feedback from one relative. We read feedback Ridgeway House had received from health professionals. We received further feedback from a healthcare professional and a representative from a local college. We have included their feedback and comments in the main body of this report.

We looked at two people's care records in detail and checked four other care records for specific information. We looked at medicine records, staff recruitment files, staff training records, quality assurance audits and action plans, newsletters, records of meetings with staff and people who used the service, survey

results, complaints records and other records relating to the monitoring and management of the care home.

# Is the service safe?

## Our findings

The service was safe. A relative commented, "I really feel he is as safe as he possibly can be. The staff all know him so well." When we arrived, we were asked for identification, and asked to sign into the visitors' book. Staff introduced us to people living in the home, and explained the purpose of our visit. Whilst most people living in the home were not able to tell us how safe they felt, they looked content and happy with the staff supporting them.

Staff understood their role and responsibilities for keeping people safe from harm and abuse. Policies and procedures were in place and staff had received safeguarding training. Staff were knowledgeable about different types of abuse, what to look out for, and how they would put their knowledge into practice. A member of staff told us, "Our managers would take any concerns about abuse or poor practice very seriously and would expect us to report any concerns immediately." The registered manager had a system in place for recording and reporting safeguarding concerns, to the local authority, and to the Commission.

People's medicines were obtained, stored, recorded, administered and disposed of safely. This included medicines that required cool storage and medicines that required additional security. Staff showed a good awareness of people's needs and preferences. Medicine Administration Record sheets (MARs) provided comprehensive details about each person and their medicines preferences and requirements. For example, for one person it was written, 'Place tablets in hands and then follow with a glass of squash or water.' The care staff signed the MARs to confirm they had given people their medicines. The records we checked were fully and accurately completed.

Staff told us how they recognised when people who were unable to verbally communicate their needs, may be experiencing pain. For one person, a video had been made, with the agreement of the person and their relatives, to show the facial expressions the person made when they were in pain. The staff told us this was helpful for occasions such as the times the person spent in hospital.

For people prescribed topical creams and lotions for application to their skin, there were clear directions for care staff about when and where to apply them. MARs had been completed to confirm that staff applied creams and lotions as prescribed.

Detailed risk assessments were in place and these were reviewed each month. These included risks associated with skin condition, falls, distress or behaviour that could be considered challenging to others, going out of the home, moving and handling and eating and drinking. Where risks had been identified, actions were planned, along with provision of equipment such as bed rails, mobility aids, and pressure relieving mattresses. One person had a written 'going out agreement.' The agreement recorded the help the person needed to stay safe when they went out of the home, and how they were supported to safely manage their money.

Accidents and incidents were recorded and actions taken to reduce future risks of injury. A member of staff told us how one person's frequency of falls was reduced by making sure their walking aid was positioned



close to them, especially at night. They said that during the day, they recognised the importance of prompting and reminding the person to 'steady themselves' when standing, before they started to walk. In addition, a physiotherapy referral had been made, to review the person's walking aids.

Relatives and staff told us there were sufficient staff to meet people's needs. One relative said, "There are enough staff, and a really good mix of experienced staff who know people so well and newer staff who bring new ideas." When people were admitted to hospital, the management team always made sure staff stayed with them throughout their hospital stay. During our inspection, staff were not rushed, and where people needed one to one support this was provided and people's needs were being met.

Staff were safely recruited. Staff files included application forms, proof of identity, references and checks for gaps in employment history. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensured that people barred from working with certain groups such as vulnerable adults were identified.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella control, electrical and gas safety, lift maintenance and hoist checks had been completed. Fire safety measures and checks were in place. Personal emergency evacuation plans (PEEPS) were recorded for each person. They provided guidance about how people could be moved in an emergency if evacuation of the building was required.

The home was clean throughout and staff followed up to date national infection control guidelines. Monthly health and safety bulletins provided by the management team included reminders such as good practice guidelines for infection control and hand-washing. The registered manager told us they were currently reviewing their hand-washing protocols. They were planning to change the national hand-washing poster signs because, 'people tend to stop noticing signs that have been in place for long periods.' They planned to replace these with photographs of people who used the service washing their hands. The aim of this was to assist and enhance people's understanding, prompt people to wash their hands and to actively contribute to the procedures and protocols for the service.

# Is the service effective?

## Our findings

The service was highly effective in making sure people's individual health and care needs were met. Relatives told us that staff were well trained and able to meet individual needs. Feedback included, "As her complex needs have changed over time, we have had meetings to discuss those changes, and staff have always been amazing and have adapted her care accordingly," and, "I am confident in the abilities of the management team and staff to manage all situations with regard to [name of person's] specific needs and medical conditions."

People's needs were assessed and comprehensive care plans were in place. The care plans we read were detailed and considered physical, social, emotional, cultural and mental health needs. In addition, shortened support guidelines were available for staff to use and refer to daily. The guidelines provided a summary of the person, their needs and preferences and their day to day care needs.

Some people were provided with one to one care and support to meet their complex care needs. Staff told us they had received, 'a lot of training' to make sure they understood and were able to respond to people's medical conditions. For example, they had received training to enable them to respond when people had seizures, and knew the specific actions to take to support people safely and effectively. This was all recorded in detailed emergency management plans that provided instructions and guidance for staff to follow.

Staff told us they received training to enable them to carry out their roles. When new staff started in post they completed an induction programme and shadowed colleagues to gain practical experience before they worked unsupervised. They also completed the Care Certificate, a nationally recognised programme that provides staff with the basic skills needed to be able to provide care. Staff described the training they had as 'excellent' and 'superb.' They were provided with regular update and refresher training for topics such as fire safety, moving and handling, safeguarding, mental capacity act, infection control and food safety.

In addition, where training was needed to meet the specific needs of people living in the home, this was provided. This included seizure management and understanding of complex medical conditions. Ridgeway House had worked with Weston College as part of a pilot group test running a 20 week autism awareness certificated course. A representative from the college spoke highly of the commitment of the management team and staff. They told us, "The effort they have put in has been excellent. Their dedication is exceptional." The registered manager also told us in their PIR, 'Both organisations are passionate about increasing awareness of autism and learning difficulties and we have just begun discussions on piloting a shorter award for frontline and general practice staff, to improve experiences of vulnerable people when accessing local health care.'

Supervisions are meetings where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. We spoke with staff about supervisions and appraisals and a member of staff told us, "We are so well supported here. The manager gives good advice, even if I just want to express myself I will be encouraged to do that." We checked the supervision records, and saw the planned supervision programme that had been completed. In addition,

the registered manager told us they were planning to introduce 'well-being supervisions' with staff. They told us this was to enhance the already supportive environment and that people using the service would benefit from a staff team that understood how much they were valued and supported. This plan had been incorporated into the 'Ridgeway House aims and targets' plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions, and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions were made. We spoke with relatives who told us they were involved in discussions and the records showed how decisions had been reached and who had been involved. Throughout the day of our inspection, we saw people were supported to consent and agree to the care and support they needed. Staff always asked and waited for people's responses. For people who were non-verbal staff told us they recognised different forms of communication, such as facial expressions or gestures. People's communication methods were recorded in their care plans.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We found DoLS authorisations had been granted for five people. For one person an application had been made that was waiting to be processed by the local authority.

People were supported to eat and drink. One person told us, "This is nice," when we asked if they were enjoying their lunch of baked potato and tuna. One person had specific cultural dietary needs, but did not like their food to look 'different' from other people. This was reflected in the person's dietary plan and staff made sure their food was provided in accordance with their specific needs and wishes.

Staff could tell us about people's individual needs and preferences, likes and dislikes. They told us they were kept up to date with any changes that may affect people's dietary requirements. People contributed to menu planning and received the support they needed with individual dietary needs. One person had been supported with a weight management programme and as a result, their ability to walk had significantly improved. For another person, their care plan 'meal time guidelines' had been written with the support of a speech and language therapist (SALT) from the Bristol South Community Learning Disability Team. The guidelines highlighted 'things to look out for' that may be a sign the person was not swallowing their food properly.

Staff worked collaboratively across services to understand and meet people's needs. The records showed where advice was provided, and incorporated into the care records. This included appointments with the psychiatrist, optician, dentist, chiropodist, district nursing team, physiotherapist, dietician and GP. Feedback from health professionals was highly complementary about how well the management and staff team at Ridgeway House supported people to live healthier lives and receive on going healthcare support. One health professional had commented, "Excellent home. Well run. Great communications. A joy to visit."

# Is the service caring?

## Our findings

People were treated with genuine and sincere kindness, respect and compassion. They clearly had good relationships with staff and were extremely well looked after. Comments from relatives included, "The staff are just so amazing. They really love the residents and it clearly shows," and, "Many staff and residents have known each other for years, but there is still that professionalism. There is also a deep affection and the most incredible caring and respect for everyone."

Throughout our inspection, we observed people being treated in kind, thoughtful and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed. When some people who had gone out for the morning, returned to the home, staff were clearly pleased to see them. Staff asked questions about the morning's activity and when people were not able to communicate verbally, they were supported to communicate in their preferred way. One person used gestures and facial expressions that were clearly understood by staff.

People's equality and diversity was recognised and respected. Throughout our inspection, we heard staff referring to people by their preferred names, using appropriate volume and tone of voice. One person's care plan recorded their preferred name and a shortened version that could be used by their friends. This included the staff who worked at Ridgeway House.

Staff clearly knew people well and could describe in detail people's personal histories, interests, personality traits and preferences. People had a strong voice and were actively supported to make their views and opinions known.

The management and staff often went to great lengths, often above and beyond the expectations of their role to support people. It was clear that people were truly valued and staff provided care and support that was meaningful and thoughtful. For example, two members of staff agreed they would like to support one person to celebrate their birthday. They organised a slumber party and came to the home on their days off. The person and the two members of staff got into their pyjamas and had an evening of pampering, with face masks and nail painting. The pictures showed the person smiling and actively joining in the celebrations of their special day.

Care staff told us how they made sure people's dignity and privacy was promoted and maintained. They made sure people were fully covered and that others didn't enter rooms when they were supporting people with personal care. Staff also explained how they encouraged people to do as much for themselves as possible. As one person told us, "I can do quite a lot myself now. Staff help me if I need it."

We read recent compliment cards and feedback received by the home. They included, 'I'm so happy she is at Ridgeway. The care she receives is excellent and she is clearly very happy to be in the 'family' that the staff and management provide. No one could ask for more' and, 'As [name of person]'s family we are very happy with her care and support. Staff and home are amazing. Couldn't ask for a better home for her.'

## Is the service responsive?

### Our findings

The service at Ridgeway House was highly responsive to people's needs. Everyone we spoke with was extremely complimentary and feedback from relatives included, "I have confidence that they can manage any situation at Ridgeway. The care is just exceptional. Second to none," "What really stands out is their commitment to provide whatever care is needed. Even when people go to hospital, staff stay with them day and night. I've watched the care given to others in the home and the ethos is that everyone has something to contribute, even if they can't tell staff what they need," and, "They have been incredible and adapted her care as her needs have changed over the years. I just can't praise them highly enough."

People's care needs were assessed, and care plans were very comprehensive and reviewed regularly. Personal histories were fully considered. It was clear the staff team worked hard to ensure people achieved to their full potential. This was evident in the care records we read, and the feedback we received from everyone we spoke with. The staff team went 'above and beyond' to provide a consistently outstanding service. This included staff working very flexibly to make sure people received care and support when they needed it.

For example, one person who missed their parents became quite upset especially around anniversaries and birthdays. This was noted in the person's care records and staff supported the person to take flowers to the cemetery, and put aside time to talk about their memories. There were other times when the person became upset when staff were not expecting it. Sometimes the person became upset towards the end of a staff member's shift, so they stayed on to reassure the person and took them to the cemetery, in their own time, if this was what the person wanted. On other occasions, staff tried different ways to provide comfort for the person. One day, two staff members returned to work after they had completed their shift, with a Chinese lantern they had bought. They took the person to a local beauty spot to set the lantern afloat in their parents' memory.

People were supported to live as independently as they could be and to reach their full potential. One person used to live a fairly independent life, had a part time job and enjoyed socialising with friends. As their health changed they became immobile, depressed and anxious. Since their move into Ridgeway House, following an agreed plan, their health had improved significantly. They were mobile with the support of a walking aid and enjoyed shopping and socialising with friends. A written 'going out agreement' acknowledged the risks associated with the person's increased independence. Agreed actions supported the person to achieve their goal of 'wanting to stay safe and be as independent as I can. I want to have fun and do lots of things.' The person was also taking part in work based activities in the home, such as answering the phones and labelling envelopes. Their confidence had increased so much that opportunities for part time employment in the community were being explored.

A representative for one person had known the person since they were a child. The person had lived in several care settings. They told us that Ridgeway House was 'wonderful' an 'exceptional care home' and the 'best place she has ever lived in.' They said that since the person had moved into Ridgeway House, several years ago, they had never once felt uncomfortable or worried about the care the person received. The

representative said they were delighted when they visited to see the person was supported to be as independent as they could be. They were encouraged to try new things and looked beautifully cared for, well groomed, wore nail polish and were supported with a range of daily activities. They said it was clear to them the person was 'really loved' by the staff team.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. One person had an interactive communication plan on his iPad. Makaton, the use of signs and symbols was used for some people. Pictures or a process of elimination was also used for others. The management team were exploring a technique called TAPAC for one person, a sensory communication resource, using touch and music.

Details of peoples' care needs were communicated in ways that were meaningful and ensured care needs were met. Video recordings were used to enhance care for two people with complex care needs. For one person, with complex epilepsy, the video recording was used to support their care when they were in hospital, because hospital staff had, on several occasions, not recognised the person's specific signs and symptoms. For another person, the video showed details of their exercise programme to make sure the person received the maximum benefit.

Some people had picture diaries that detailed their weekly individual programme of activities. Staff told us how programmes were designed to support people to live as rewarding and full a life as possible. One person had a 'my story' book of their life before they moved into Ridgeway House. The staff at Ridgeway made an accompanying book of their 20 years at Ridgeway House. These were used for reminiscence, discussion and activity planning. For example, a holiday to visit a loved one, drawings sent to relatives they were unable to meet with, horse riding lessons and day trips to recreate the topics they talked about. A relative told us, "She has a more active social life than I do. I often wonder how they have the time to do so much."

People who used the service and their relatives had been fully consulted and involved in making decisions about how care was planned, delivered and reviewed. A relative told us, "We've been to lots of meetings and have discussions that fully include [name of person] when there is something new or when changes are being suggested." Staff had received training and constantly looked at new ways of enhancing communication and for enabling and supporting people to make their needs and wishes known.

'Happy' meetings were held every three months. These meetings were held to gain feedback from people who used the service, to support people to express their views and find out if there was anything that needed to be improved or changed. For one person, following a meeting, a family day was arranged. This was because the person clearly enjoyed the company of children and watching them play. Staff and their children took part in the day and pictures were taken that showed the person having great fun with staff and their children, on the bouncy castle they had organised for the day. Since then children from the local school had been welcomed into the home for social events and plans were progressing for the creation of a gardening club with the local schoolchildren.

The in house 'Ridgeway Café' opened each month, or more often if there were special events or occasions. It aimed to provide a wider experience for people, who also went out to local community cafés on a regular basis as a social activity. The in house café had been developed to help people gain new skills and work experience in addition to encouraging people from the local community into the home. It supported people to make new food and drinks, order and pay for food, take responsibility for their monies, developed communication skills and decisions making, in addition to raising funds for their designated chosen charity.

The café, enjoyed by families, friends and visiting health professionals, was being expanded to involve the local community. It was described as a 'huge success' that had gone from 'strength to strength' and supported people to be more independent and confident in their abilities.

A wide range of activities and events were planned for December. In addition to each person's individual activity programme, the monthly 'home' calendar included visits to see pantomimes at the Bristol Hippodrome, the Festival of Light at Longleat and a Christmas Market. This was in addition to pub visits and a range of 'in house' events and activities. A 'home' activity advent calendar had also been devised. Each day, people who used the service and staff opened the numbered envelope that contained a Christmas activity for that day along with presents, which were the equipment needed for the activity. These included making snow globes and Christmas cookies. This was particularly beneficial for one person who had only recently started joining in 'group' and 'messy' activities that involved them working with others and using their hands. Other activities included delivering Christmas cards and mince pies to members of the community. The activities had been planned by the management team. The staff team were unaware of the activities until the envelopes were opened, which added to everyone's overall excitement of each day.

A 'silent disco' had recently been added to the activity programme, after a very successful introductory session. This is where people use individual headphones to listen to, and dance to music. It supports people with autism and learning disabilities to enjoy the music and dancing associated with a disco without the sensory overload which they could find distressing. The social evening had been enjoyed by everyone in the home, and was described as a 'fantastic event' for 'residents and staff.' It was reported on by the local news channel, and Ridgeway had invited people from another local care home to their next disco.

Health professionals provided positive feedback about the highly responsive service provided at Ridgeway House. Comments included, 'Their professionalism and person centred approach has been evident in the way they interact with the residents, visitors and each other as a team,' 'We discussed the very difficult decision making around eating and drinking. We had a good discussion about how to prioritise things for this individual, but it is tricky to convey this information clearly to staff. By the time I got back to my desk this morning, I had received a fantastic flow diagram from [name of registered manager] which makes the situation very clear. It was very professional and very person centred. It should really help staff to be clear about the decisions they are making,' and, 'Excellent communication, well prepared for reviews, very good at implementing guidelines and recommendations.'

People and their relatives were very involved in decisions about end of life care. The management team also involved external health professionals when discussing end of life plans. A relative commented, "We have discussed end of life and have made plans. I know it's difficult for staff too as they have become like family over the years." They recorded what people wanted to happen if they became very ill, or how best interest decisions had been agreed. For some people, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been agreed. This is a way of recording a decision not to resuscitate a person in the event of a sudden cardiac collapse. We read two end of life care plans. They were both incredibly detailed and provided preferences for where people would like to be cared for, and other relevant information for before and after they had passed away. The care plans also considered when and how to involve and discuss the person's situation with other people living in the home. Most people had lived together for many years and close friendships had developed between people, with each other's friends and relatives and with staff.

Visitors were made welcome and actively encouraged to visit Ridgeway House. The registered manager told us in their PIR how they had supported relatives to visit. They arranged to pick up a relative, who found it increasingly difficult to visit due to their own health issues. They brought them, and another family member to the home. The registered manager told us this had been successful, the relatives had visited a few times



and stayed for a meal with their loved one.

A complaints procedure was in place that was readily available to people and relatives. The complaints procedure details, in pictorial format, were available and displayed in the home. Reminders about how to make a complaint were also included in the monthly newsletters, and discussed with people who used the service in ways that were meaningful to them. The registered manager kept records of complaints and told us how they were managed in line with the provider's policy. A relative commented they were, "One hundred per cent confident I could raise any issue and know it would be addressed. They are so open with us all."



# Is the service well-led?

## Our findings

There was a registered manager in post who had responsibility for the day to day running of the service. Without exception, everyone spoke positively and told us the home was exceptionally well managed. We received feedback and comments about the registered manager and the 'management team' that consisted of the registered manager, deputy manager and the owner. Comments included, "Goes way beyond anything I would have expected," "[Name of registered manager] and the staff do a great job creating a great place to live," and, "They are just the most incredible team, led by a fantastic manager. They provide excellent care and there's nothing that could be better."

Staff told us they were proud to work at Ridgeway House. They all spoke positively about the support from the registered manager and the management team. As one member of staff said, "It's such an amazing place to work. We're always encouraged to look for ways to make life even better for the residents." The management team were described as 'inspiring' 'fantastic, open and supportive,' and, 'dedicated.' Staff told us the management team were positive role models who worked hard and with the staff team to make sure people received the best possible care.

The team at Ridgeway House were delighted to have won 'Learning Disability Care Home of the Year' at the Care and Support West Care Awards for 2018. They said the management team always shared successes and attributed positive feedback to the whole team. They took opportunities to celebrate success and to thank staff for their hard work and dedication too. One piece of feedback from the registered manager included, 'Honoured to have such passionate people working with us. It's because of every single one of us, staff and residents, that we have achieved this recognition of excellence. Thank you, you truly wonderful bunch.'

The ethos of wanting people to belong, to celebrate everyone's contribution, to achieve and to ensure equality and inclusion was evident and truly embedded in the service. The registered manager noted, 'Equality and inclusion are a driving force. So embedded within the service it has become a natural part of day to day life at Ridgeway. ...People don't always even realise they are living and working equally and inclusively because we can't really imagine there is any other way to be.'

Each month, a 'Ridgeway Star' was selected. This could be a member of staff or a person who lived in the home. This was because, 'Everyone who lives and works at Ridgeway House contributes and therefore everybody will be selected as the star in turn.' A member of staff told us this was an opportunity to express what they liked about the selected person. The person/member of staff photograph was displayed on the notice board along with comments made by others. We read comments that included, 'She makes me better at my job' 'honest and diligent' 'has a smile that lights up the room' and, 'a lady who knows what she wants and isn't afraid to tell you when you've got it wrong.'

The 'Happy Committee' was established in 2016 and currently consisted of four people who used the service, the registered manager and deputy manager. Anyone was welcome to join the committee. They met every three months to discuss how people were feeling, things that made people happy and how they could

'make things happen.' The aims of the committee were to support people to express their views and find out if anything needed to change. This reinforced the commitment to people's happiness and inclusion in the running of the service. Family days had taken place, the 'little zoo' had visited the home on a number of occasions, a 'Come dine with me' in-house cooking competition had been filmed and, 'Happy surveys' had been created.

The Happy surveys were a development from 'satisfaction surveys' when the committee members agreed they wanted to feel happy rather than satisfied. The committee had also agreed that people who used the service wanted to be known as 'resident's' and not 'service users.' The survey centred around the five key questions CQC ask about a service as was known as the CREWS survey. For one person their happy survey included they wanted to, 'participate in meaningful activities and to access the community regularly'. Actions had been taken and the person had been supported to access a wide range of activities and events that included fruit picking and painting rocks for 'Bristol Rocks.' The person was then supported to add a note and hide the rocks around Bristol, for members of the public to find, with the aim of brightening their day.

A robust programme of audits and checks, centred around CQC's five key questions, was completed. They included, health and safety, care planning, staff files, medicines and falls. Details of the checks were recorded and action plans were completed when areas for improvement or shortfalls were found. In addition, people who used the service were included and involved. For example, where a need for improvements in hand-washing was identified, one person who used the service had agreed, and training was being arranged, for them to become the nominated 'hand-washing ambassador' for the home.

Policies and procedures were regularly reviewed and updated in line with legislation and nationally recognised best practice guidelines. It was clear the management team consistently looked for ways to make improvements, to make sure they provided the best possible care. This was evident in their participation in the Weston College autism awareness programme and the highly positive feedback from the college and from other health professionals.

People using the service, relatives and external health professionals were asked for their views at annual quality assurance surveys. Actions had been taken in response to feedback provided. For example, where relatives had commented they weren't always asked to sign in the visitors' book, actions were taken that included reminders included in the monthly newsletters provided by the home and sent out to relatives.

The registered manager told us how they worked collaboratively with other organisations. The registered manager was so enthusiastic and positive about the success of the 'silent disco' they had suggested it as a topic for the next Care and Support West provider's meeting. They had noted that, 'It was a fantastic way to achieve positive interaction with everyone. Even the people who wouldn't usually join in got up and had a dance. I'd really like to promote it with the network of providers.'

They had worked with Weston College to develop the extended autism awareness course which they had recommended to other care providers. They had invited another local care home to join them for a networking social activity in December 2018.

Throughout the inspection, it was clear there was excellent teamwork amongst staff. Staff were warm and welcoming, and they told us how much they enjoyed their work. They told us they felt valued and appreciated with the meaningful supervision and support systems in place. They attended meetings on a regular basis. They said they were also supported through personal difficulties which made them feel even more motivated to work hard and do their best.

The management team had recently introduced 'reflective sessions' for staff to discuss their approaches and communication strategies for the people using the service. They noted that one person specifically, communicated differently with different members of staff. The team wanted to explore further the reasons for this and make changes and adaptations if needed. This showed how the service took opportunities to change practice to make sure care was delivered to ensure flexibility and choice.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.