Ogwell Grange Limited

Ridgecourt Residential Care Home

Inspection report

27 Bridgetown Hill
Totnes
Devon
TQ9 5BH

Tel: 01803866152
Website: www.southdevoncareservices.com

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

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

Ridgecourt Residential Care Home provides personal care for up to 17 older people some of whom were living with dementia: 15 people were living at the home at the time of the inspection. The home does not provide nursing care, people receive nursing care through the local community health teams. The home also has a detached supported living accommodation unit for up to five people. Personal care packages delivered by Ridgecourt Residential Care Home, or other homecare providers, can be arranged for people living in this unit as required. None of the three people living in the supported living accommodation unit at the time of our inspection were receiving personal care.

This inspection took place on 27 and 28 November 2017. The first day of the inspection was unannounced. One adult social care inspector and an expert-by-experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia.

The home was previously inspected in May 2015 was rated 'Good'. At this inspection we found improvements were required to the systems used to record and monitor the home to ensure people received safe, effective and responsive care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improved recording of the information obtained in relation to new staff member's employment history was required to ensure the suitability of staff to work at the home. The home had obtained disclosure and barring check (police checks), proof of identify and references for newly employed staff. However, for two of the four recently recruited staff, the home could not demonstrate they had recorded a full employment history or information about why the staff members had left their previous care positions. The registered manager was aware of some of this information but they had not recorded it. Following the inspection, the provider and registered manager confirmed full employment histories had been obtained.

People received their medicines as prescribed to promote good health. People's medicines were reviewed regularly by the local pharmacist as well as the GP. However, staff had not received up to date training in the safe administration of medicines and no records were kept of assessments to monitor staff members' competency to administer medicines safely. Records of the administration of protective skin creams were

not being maintained. Following the inspection, the provider and registered manager confirmed staff had received training in the safe administration of medicines and had their competency assessed.

People, staff and the registered manager told us that more staff were required to meet people's needs. One person told us, "They could do with a few more staff. It often appears they have too much to do." While staff agreed people's care needs were being met they felt they had little time to spend with people in conversation. We reviewed the staffing arrangements with the provider who felt there were enough staff employed to meet people's needs. They said they used a dependency tool to help them assess the home's requirements. Following the inspection, the provider undertook a review of people's care needs and their staffing requirements. They provided us with a copy of the tool, which indicated there were more staff provided than the tool indicated were necessary to meet people's needs. We have asked the provider to seek feedback from people and staff about the availability of staff and how the staff are managed on each shift.

Improvements were necessary to the records relating to managing risks to people's safety and welfare as well as to the ease of obtaining information in the care plans. We looked at the care plans for three people with varying healthcare needs. The care plan format used by the home was of a booklet type divided into four sections and it was not easy to identify people's care needs and how staff should provide support. One person's care plan and risk assessments were out of date. The other two care plans did not fully describe people's support needs and how staff should manage risks.

People were protected from the risk of abuse. Staff had received training in safeguarding adults and had been provided with written information about their responsibilities to report suspected abuse. People told us they felt safe and protected living at Ridgecourt. One person said, "I feel more than safe living here." The registered manager told us they visited the home overnight to review people's care needs at night and to supervise and monitor staff's performance. Although the registered manager did not keep records of these visits, night staff confirmed these checks took place.

People told us they felt very well cared for by the staff. They said staff knew them well. One person said, "I can't fault the level or quality of care I get here." This view was shared by all of the people and relatives we spoke with. However, staff were not being provided with some of the training necessary to understand people's care needs and they were not supported through formal suppression and appraisals. Staff had not received training in the care of people living with dementia, the management of diabetes or the Mental Capacity Act 2005. Following the inspection, the registered manager confirmed arrangement had been made for staff to receive this training and for supervisions and appraisals to be reintroduced.

The home was working within the principles of the MCA. Records showed assessments of people's capacity to consent to receive care and support had been undertaken. For those people who were unable to consent to receive support, best interest decisions were recorded and included consultation with relatives and health care professionals, as appropriate. However, the assessments for the use of equipment to mitigate risks to people's safety some people had not been recorded. For those people whose freedom to leave the home was restricted, applications to the local authority for authorisation of the restriction had been submitted.

People told us they enjoyed the food provided by the home but said they were not provided with a choice of meals. One person said, "I'm not sure how to tell what I'll be offered to eat, the meals are just served up to me." During both days of the inspection we observed people being serviced their lunchtime meal. Meals were presented to people fully plated and people were not able to say how much or what they would like to eat. For those people who asked for an alternative meal, this was provided.

The home worked closely with GPs and the community nursing teams and people received good healthcare support. We received very positive feedback from both GP surgeries and the community nurses with regard to people's care and how the home keeps them up to date with people's healthcare needs.

People were very positive about the staff; they described them as "lovely" and "very caring". One person said, "They care about us here and they think about our dignity and privacy." A relative told us the staff were interested in people. They described how the home had made their relative's birthday "very special". The home had also received very positive feedback from people and relatives in the recent questionnaire sent to seek their feedback.

The home arranged various social activities which people told us they enjoyed. One person told us, "There's a lot to do and you only have to look at the list on the wall to find out what is to happen." During the inspection we saw people enjoying two group activities organised by external facilitators.

People and relatives told us they thought the home was managed well. One person said, "I see [registered manager] every day, she looks after us well." However, one person said they felt the registered manager was very busy and required more assistance. The registered manager acknowledged they had not given sufficient time to administrative tasks over the past year and was aware there were areas that required improvement.

The provider visited the home at least once a week to receive a verbal and written report from the registered manager and to discuss people's well-being and support. They said they kept up to date with best practice in caring and supporting people through care professional journals, CQC website and participating in the Devon Care Kite Mark Forum. This is a forum of local care providers who met regularly to share information and good practice.

The home had not received any complaints since the previous inspection. People told us they felt they could make a complaint or discuss any worries they might have with the staff and registered manager. No-one we spoke with, including relatives and health care professionals, had any concerns over the care and support people received.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made four recommendations for improvement.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe.

Checks relating to people's suitability to work in care were carried out. However, records relating to some aspects of those checks were incomplete.

The safety of medicines administration could not be assured as staff had not received updates in their training or been assessed as competent.

Risks to people's health, safety and welfare were being managed well. However, records guiding staff about how to manage risks required improvement.

There were enough staff on duty to meet people needs. We have recommended the manager and provider keep this under review and seek feedback from people living at the service.

The environment was safe.

Is the service effective?

Requires Improvement

Some aspects of the service were not always effective.

People could not be assured they received care and support in line with current good practice recommendations. Staff had not received recent training in topics relating to people's care needs, including the Mental Capacity Act 2005.

Induction training for newly appointed staff, and on-going supervision and appraisal of staff's performance was not effective. Staff's competence to undertake their role was not assessed to provide assurances they were competent and skilled to provide care and support to people.

People's rights were protected as their consent to receive care was obtained. Best interest decisions ensured people remain protected when unable to give consent. However, not all capacity assessments and decisions had been recorded.

Authorisation was sought to restrict people's liberty to keep

them safe.

People received good healthcare support.

Is the service caring?

Good

The home was caring.

People received support from kind, caring staff who treated people with respect.

Staff supported people to remain as independent as possible.

People were supported to make decisions about their care.

Is the service responsive?

Good

The home was responsive.

People received care that was responsive to their needs and respected their preferences. However, care plans required improvement to ensure information was more easily accessible about people's care needs and how people wished to be supported.

People enjoyed a variety of social activities.

People and relatives felt able to make a complaint if they needed to. The home had received no complaints since the last inspection.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well-led.

Systems were not effectively used to ensure records were accurate, complete and contemporaneous.

The home valued and responded to people's feedback.

The registered manager was well regarded by people, relatives and staff.

Ridgecourt 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 November 2017. The first day of the inspection was unannounced. One adult social care inspector and an expert-by-experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia.

Before the inspection we reviewed the information we held about the service. This included previous contact 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. In July 2017 the provider also completed a Provider Information Return (PIR). This 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. Prior to and during the inspection we contacted and spoke to representatives from the local authority, two GP practices and the community nursing team for their views about the home.

During the inspection we spent time in the communal areas of the home to observe how staff supported and responded to people. During the inspection, we spoke with 13 of the 15 people who lived at the home and three relatives. We also spoke with the provider, registered manager, deputy manager, six care staff, the housekeeping staff and an activities facilitator. Following the inspection we received emails from two relatives. We looked at three people's care records; how the home managed people's medicines; accident and incidents records; four staff members' recruitment and training records as well as how the provider and registered manager monitored the safety and quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

Prior to our previous inspection in May 2015 a safeguarding incident had occurred at the home. An investigation was being undertaken at that time as part of the local authority's safeguarding procedures. We were unable to report on the outcome in the last report, as the investigation had not concluded. We can now report the outcome of the investigation concluded the home had taken all reasonable action to protect people.

At this inspection in November 2017, we found some improvements were needed to record keeping, management of medicines and recruitment processes. More information was required about staff's past employment history and more detail was required in the guidance for staff in relation to minimising risks to people's health and safety. We have also recommended the home reviews the number of staff required to meet people's needs both during the day and overnight.

We reviewed the recruitment files for four staff members recently employed to work at the home. All four files contained a disclosure and barring check (police checks), proof of identify and references from previous employers. However, two of the four files did not contain a full employment history or information about why the staff members had left their previous care positions. This information is necessary to minimise the risk of unsuitable staff being employed. We discussed this with the registered manager who said they discussed the reason staff had left their previous employment with each applicant at the interview. No records were maintained of staff interviews to enable us to verify this. However, the registered manager was able to tell us why one member of staff had left their previous employment and this was confirmed by the staff member who was on duty. The registered manager gave us assurances that in future full employment histories would be obtained.

Failure to obtain a full employment history of staff employed at the home is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider and registered manager confirmed that full employment histories had been obtained for those staff where this had not been recorded. They gave assurances this would be obtained for each new member of staff employed by the home.

People were protected from risks associated with their healthcare needs. However, we found some improvements were necessary to the guidance provided to staff and the records maintained in relation to managing these risks. Although risks to people's health and welfare were being well managed, some records were unavailable, incomplete or inaccurate.

We looked at the care plans for three people with varying healthcare needs. We also met with them to review how well the home was meeting their needs and minimising risks to their safety and well-being. The care plans contained a number of assessments to identify risks to people's health and safety. These included assessments for risks associated with moving and handling, falls, nutrition, and skin integrity.

One person's care plan identified they were at risk of skin breakdown, of choking due to swallowing difficulties and of not eating enough to maintain their health. We looked at how staff were supporting this person to minimise these risks. The daily care records in relation to managing this person's risk of skin breakdown showed the staff were following the clear guidance identified within their care plan. Pressure relieving equipment was in place, staff were guided about how to position pillows to reduce the risk of the person's knees and ankles from rubbing and the person was being supported to change their position frequently. Staff were also provided with clear guidance about how to reduce the risk of this person choking. In December 2016, the home had sought guidance from a speech and language therapist and who prescribed a pre-mashed dysphagia diet and thickened fluids. The care plan guided staff to ensure the person sat upright to eat and drink, used a teaspoon to give the person fluids and not to lie the person down for at least 30minutes after eating. There was also a list of suggested softened meals the person was known to enjoy.

However, there was no guidance for staff about how to minimise this person's risk of malnutrition. Information within the care plan was contradictory. For example, in March 2017 the care plan identified the person required a pre-mashed diet and thickened fluids. In June 2017 the care plan identified the person was having "fluids only". No further reviews had been undertaken and, at the time of the inspection in November 2017, this person was eating pre-mashed food and drinking thickened fluids. The person's nutritional assessment identified they were at a high risk of not eating enough to maintain their health and the guidance in this assessment indicated the person should have nutritional supplements.

The registered manager confirmed there had been a review of this person's welfare with the GP and the person's relatives. It was agreed the person would not benefit from receiving a prescribed nutritional supplement, but would benefit from nutritionally fortified foods. This meant the person's food would be made more calorific with the use of cream and butter, for example. The registered manager had not recorded the outcome of this meeting, nor provided guidance for staff about how to enhance the person's food. The daily care notes did not provide information about how well this person was eating and drinking. We spoke with staff about this person's nutritional needs and they knew to fortify their foods and how to support this person to eat. They confirmed this person ate and drank well. Records showed this person was being reviewed by the GP and the community nursing team at least every two weeks. During the inspection the community nurse confirmed the person was receiving sufficient diet and fluids as they remained in a stable condition and their health would have deteriorated if they had not been receiving sufficient to eat and drink. Following the inspection, this person's relative contacted us and praised the staff for their care and support of their relative.

The care plan for another person was out of date: the risk assessments and reviews related to 2015 and 2016. The registered manager gave assurances that there was another care plan for this person but was unable to find it at the time of the inspection. We spoke with this person about their care needs and how staff were supporting them. They told us they felt very well supported and staff knew them well. They told us were supported to be as independent as possible with managing a chronic health condition. However, as an up to date care plan was not available, it was not possible to ascertain whether the information provided to staff about how to support this person was accurate and followed best practice guidelines.

We discussed these issues with the registered manager. They gave assurances that risk assessments and guidance for staff would be reviewed and rewritten if necessary without delay.

Failure to maintain securely an accurate, complete and contemporaneous record in respect of each person living in the home is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider and registered manager confirmed the person's care plan had been found and all care plans had been reviewed and rewritten.

People received their medicines as prescribed to promote good health. However, staff required an update in their training in the safe administration of medicines and there were no records to show staff's competence to administer medicines safely had been assessed.

The registered manager told us only staff who had received training in the safe administration of medicines gave people their medicines. We looked at the training certificates for these staff and saw a number of staff had not received training for several years. For example, one member of staff had received training in 2012 and another in 2007. Both staff had worked at the home for many years and were experienced care staff. The registered manager said, as they worked closely with care staff on a daily basis, they undertook direct observation and assessment of staff's competence to administer medicines safely. However no records were kept of these observations or competency checks.

Failure to ensure staff responsible for the management and administration of medication are suitably trained and competent, and to keep this under review is a breach of breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider and registered manager confirmed staff had received training in the safe administration of medicines and competency assessments had been undertaken.

Each person had a medicine administration record (MAR) that identified them with a photograph and provided staff with important information, such as allergies. The MAR records were fully completed with no gaps in the recordings for oral medicines and medicated topical creams such as pain relieving gel. However, where people had been prescribed protective skin creams, the application of these was not being recorded. We discussed this with the registered manager who said the creams were held in each person's bedroom where care staff had access to them and could use them after assisting people with their personal care. They acknowledged, the use of these creams should be recorded and gave assurances a topical MAR would be provided for staff to complete. Following the inspection, the registered manager confirmed these records were being maintained.

The home maintained records of all medicines received into the home and those disposed of. We checked the balance of a sample of medicines and found these to be correct. Where people received medicines in variable doses, procedures were safe to ensure people received the correct dose. The registered manager confirmed people's medicines were reviewed regularly by the local pharmacist as well as the GP.

During the inspection we were told by people, staff and the registered manager that more staff were required to meet people's needs. We observed staff to be very busy and with little time to stop and talk with people. One person told us, "They could do with a few more staff. It often appears they have too much to do" and another said, "I wish the carers had more time to sit and talk. They always seem so busy, always rushing around." The registered manager and staff said there were times when the home had been short staffed and they felt more staff were needed. Staff agreed people's care needs were being met but felt they had little time to spend with people in conversation.

At the time of the inspection there were 15 people living in the home, one of whom required the support of two staff with their personal care and another who required two staff to assist them with their mobility. Another three people were living in the adjacent supported living unit, although none of these people required assistance with their personal care. Staff told us they 'popped in' to the unit in the mornings and

evenings to check if people needed anything. They said this took them away from the home for a short period of time.

On the day of the inspection, in addition to the registered manager, there were three care staff on duty and one housekeeping staff. These numbers reduced to three care staff after 2pm. The registered manager told us the care staff had to undertake cooking all meals as well as laundry tasks in addition to supporting people with their personal care. Overnight there was one waking care staff and one sleeping-in member of staff.

We reviewed the duty rotas for five weeks prior to the inspection. These showed that for three days the care staff numbers were reduced to three during the day. These numbers included the registered manager. Other days the care staff numbers varied between four and five during the daytime (including the registered manager when on duty), reducing to three in the afternoons and evenings. On two occasions there were six care staff on duty during the day.

We asked people if there was enough care staff at night to assist them if they needed support. One person said, "If I need help in the night I just push the buzzer and someone comes" but another person said, "Quite often I want help in the night and I have to get up to call for it. There's never anyone there to help me, and sometimes I walk around looking for help but I just keep looking and looking". Following the inspection, we spoke with two of the night staff who both confirmed they felt able to meet people care needs overnight. They said that if they needed more support they would call for the assistance of the sleeping-in member of staff. The registered manager told us they visited the home overnight to review people's care needs at night and to supervise and monitor staff's performance. Although the registered manager did not keep records of these visits, night staff confirmed these checks took place. We discussed with the registered manager the importance of keeping a record of these checks particularly as staff were working alone once the sleeping-in member of staff had gone to bed. The registered manager also said that experienced day staff also worked overnight providing sleep-in cover and were in a position to monitor people's care needs and night staff performance.

The provider told us they used a dependency tool to review people's care needs and the staff required to meet their needs. They said they kept staffing levels under review and they felt there were sufficient staff on duty to meet the current needs of the people living at the home. They confirmed another member of care staff was about to be employed and they were currently advertising for a replacement cook which would mean staff would not have to prepare meals. Following the inspection, the provider confirmed a review of people's care needs had been undertaken and the staffing needs assessment indicated the home provided sufficient staff on duty. The provider sent us a copy of the staffing tool which did indicate more staffing hours were provided than the tool indicated were necessary for the number and care needs of the people living in the home.

We recommend the provider and registered manager seek feedback from people and staff about whether there are enough staff on duty. The provider and registered manager should review how staff are managed, and care tasks allocated, on each shift to ensure people's needs are met. We recommend staffing levels are kept under review.

In the home's Statement of Purpose, a document given to people when they move into the home, the provider states, "One of the most important aspects of our service is to protect you from any form of abuse." The document contained the contact details of the local authority to allow people to contact them directly to raise concerns. People told us they felt safe and protected living at Ridgecourt. One person said, "I feel more than safe living here" and another said, "I can't speak for the others, but I feel very safe living here." We

also received positive feedback from relatives who all confirmed they felt their relatives were safe living at the home. One relative said, "It's like home from home" and another said they were "very pleased" with the home.

Staff told us they had received training in safeguarding adults from abuse either prior to working at the home or since their employment. Records showed safeguarding training had been provided in April 2017. Staff also said they had been provided with a handbook which gave them information about safeguarding and the home's whistle-blowing policy. The handbook stated, "Service users must be protected from all forms of bad practice abuse, whether it is physical, psychological, neglect, sexual or financial. If you do come across abuse you must report it immediately to the senior person on duty. We have a procedure in place to protect staff who report bad practice." The handbook also went on to provide staff with information about equality and diversity and protecting people from discrimination. It said, "We are committed to affording service users their fundamental rights to choice, privacy, dignity, respect, independence, self-determination and self-fulfilment. They have the right to live their chosen lifestyle and receive care and support which is appropriate to their needs and responsive to their race, culture, ethnic or national origin, language, gender, disability, sexuality, age and religion/belief."

Some staff told us the registered manager had discussed with them their responsibilities in relation to protecting people from abuse. However, other staff said they had not been spoken to by the registered manager about this but confirmed they had received a copy of the handbook.

The registered manager had a system in place to monitor accidents in the home. They reviewed how the accident came about, considered whether there were any contributing factors, such as a deterioration in the person's health as well as the actions necessary to reduce the likelihood of a reoccurrence.

Throughout the inspection we observed staff follow good infection control practices. We witnessed staff washing their hands after attending to people and using hand cleansing gels. These gels as well as gloves and aprons were available throughout the home. At the time of the inspection, the laundry room as being refurbished. The registered manager told us that once this was complete an additional washing machine would be purchased. This machine would be a domestic type machine, similar to the one already in place. The washing machine had a pre-wash cycle for the washing of heavily soiled laundry. The home also used an antibacterial in-wash detergent for infection control. We advised the registered manager to review the guidance from the Department of Health: 'Prevention and control of infection in care homes', to ensure the laundry room is refurbished in line with this guidance. For example, clean laundry should be stored in a clean area and not be kept in the laundry room and items should not be stored on open shelving where it could become contaminated.

The home had a fire risk assessment which the registered manager reviewed each year and when new people were admitted to the home. The home also completed personal evacuation plans to identify the support each person require in the event of an emergency. At the time of the inspection, the home's fire doors were being reviewed and where necessary upgraded.

Certificates showed equipment within the home, such as hoists, hot water and central heating boilers, fire detections system and electrical appliances were maintained safely.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in May 2015, we identified that staff received regular training in health and safety, as well as care related topics. At this inspection we found some training updates were required and the records relating to new staff members' induction training and staff's supervisions and appraisals required improvement.

Records showed in 2016 and 2017 nearly all staff had received training in moving and handling, safeguarding, food hygiene and infection control. However, a number of staff required an update in first aid training and training in the safe administration of medicines. In addition staff had not received training in topics relating to the care needs of the people living in the home, such as diabetes. Training in the care of people living with dementia or the Mental Capacity Act 2005 had not been provided for a number of years. The home is registered with CQC to provide care to people living with dementia and this was also described in the home's brochure available to people considering moving to the home. People and relatives told us they received sensitive care from staff who knew them well: one person said, "I can't fault the level or quality of care I get here." However, it is important staff are provided with formal training to support their understanding of the needs of people living in the home, including those living with dementia, and to ensure care is provided in line with good practice recommendations.

We spoke with three newly employed members of staff. They told us they had been supported to work alongside experienced staff for a period of time until they felt confident to work unsupervised. However, there were no records relating to the training and support provided to these staff through their induction period. One member of staff new to working in care told us they were being supported to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The other staff said they had not received any training since their appointment but confirmed they had received training in their previous care employment. The registered manager said they had not undertaken a formal assessment of staff's understanding of people's care needs or assessed their competence to use equipment such as a hoist safely. However, staff and the registered manager said they worked closely together and the registered manager undertook direct observations of staff's interaction with people to ensure their competency and review their values. The provider confirmed staff were not permitted to use the hoist until they have received training and been assessed by the registered manager as competent in its use.

At our previous inspection in May 2015 we identified staff had received regular supervisions and appraisals which they told us they had found these useful and motivating. However, at this inspection in November 2017, the registered manager said they had not continued with these due to the home being short of staff. They said they worked alongside staff in supporting people with their care. This meant they were available to staff each day to discuss work related issues and to directly observe their practice. The registered manager recognised the importance of providing staff with the opportunity to discuss their role and to review their training and development needs. They said they would be reintroducing supervisions and appraisals in the near future.

Failure to provide staff with appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager confirmed every member of staff had received a formal one-to-one supervision and gave assurances these would continue. In addition training in the needs of people living with dementia, the MCA and managing diabetes had also been arranged.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed assessments of people's capacity to consent to receive care and support had been undertaken. For those people who were unable to consent to receive support, best interest decisions were recorded and included consultation with relatives and health care professionals, as appropriate. However, further assessments were required to consent to the use of equipment to mitigate risks to people's safety some people. For example, for some people the home used a sensor mat to alert staff to people's movements. People's capacity to consent to the use of this equipment or a best interest decision had not been recorded. The registered manager confirmed discussions had been held with people and their family members and they would ensure these were documented.

Failure to maintain accurate, complete and contemporaneous records, including a record of the decisions taken in relation to care and treatment , is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home used a keypad to secure the external doors to prevent some people, for whom it would be unsafe, from leaving the home unsupervised. People told us they felt secure in the home and were pleased people could not walk in without staff knowing. Those people who were able to use the keypad had been given the code and were able to come and go from the home as they pleased. For those people whose freedom to leave the home was restricted, applications to the local authority for authorisation of the restriction had been submitted. Due to the large number of applications received by the authority, the applications had not yet been approved.

Staff were aware of people's rights to make choices about their care and we observed staff seeking people's consent prior to offering support. Staff told us, and records showed, they had not received formal training in the Mental Capacity Act.

We recommend the provider and registered manager include training in the MCA in the regular training provided to staff.

People told us they enjoyed the food provided by the home. Their comments included, "We have a lovely

cook. The food is really very good here" and "The meals are reasonable. I have some favourite things to eat, and I look forward to those meals in particular." However, people told us they were not provided with a choice of meals. One person told us, "I'm not sure how to tell what I'll be offered to eat, the meals are just served up to me" and another said, "We never know what will be served for our meals. You don't have a choice really, it's fish on Friday and then a roast on Thursday, but otherwise it's always a surprise." We heard one person say to another, "I wonder what's for lunch today?"

We recommend the provider and registered manager review how people can be involved in planning meals and be provided with more choice at mealtimes.

During both days of the inspection we observed people being served their lunchtime meal. The dining room was pleasantly decorated and each table had a vase of fresh flowers. There was sufficient space for people to sit in comfort, or people could take their meals in their rooms or in the lounge rooms. Meals were presented to people fully plated and people were not able to say how much or what they would like to eat. When one person saw the meal they requested something different: staff asked them what they would like and provided this. One person required support to eat their meal. Initially they were reluctant to eat and we saw staff sitting with them, patiently supporting them. The person was provided with a number of alternatives until staff found something the person enjoyed. It was clear staff knew this person's preferences and were able to offer these to them. We spoke with this person's relative who told us the home supported their relative very well and said they had gained weight since moving to the home. One person told us they required a gluten free diet and they were happy with the variety and quality of the meals provided. People told us drinks and snacks were available at all times, including overnight. We saw staff frequently offering people hot and cold drinks throughout our inspection. Staff told us they ensured people were offered something to eat before they went to bed.

People received good healthcare support, and the service worked well with other agencies. The home used a number of assessments to ascertain people's needs and preferences and plan their care accordingly. Where necessary, advice had been sought from healthcare professionals and records clearly showed the outcome of these consultations. One person's daily care notes described how well the staff had supported them after their discharge from hospital when complications developed and urgent support was required. A relative told us they were fully satisfied with the care provided by the staff and had confidence in their abilities to care for their relative's complex care needs. The healthcare professionals we consulted prior to and during the inspection said the home provided an "excellent" standard of care to people. Staff were described as "brilliant" and all felt the home contacted them appropriately for advice and followed that advice. People told us they were supported to attend hospital appointments and the home ensured they received regular optician and dental appointments.

The home was maintained in good order. People's bedrooms were spacious and people were able to personalise these with their own furniture and belongings. One person told us, "I have all my own things in my room. [The registered manager] made it quite clear that my room is private and my own. It really does feel like my own home".

Accommodation was provided over two floors. Stair lifts provided access to the mezzanine level and first floor. There were two lounge areas and a dining room on the ground floor. The gardens were well maintained and provided pleasant seating areas. A number of people were living with dementia and we discussed with the registered manager the arrangements to support people's independence. Bathrooms and toilets had some signage but this was discreet and may not be easily identifiable. Some secure outside space was available for people but this was not accessible from the communal areas. The registered manager was aware more needed to be done to make the home "dementia friendly". They told us they were

going to be reviewing the home in line with the guidance from The Kings Fund and The Alzheimer's Society.

Good

Is the service caring?

Our findings

People and relatives praised the kindness and friendliness of the staff. Staff were described as "lovely" and "very caring". One person said, "They care about us here and they think about our dignity and privacy." During the inspection we observed staff knock on people's doors and wait for permission to enter. The registered manager also described to people the purpose of our visit, they asked for permission for us to speak to them and to enter their rooms.

People told us they felt very well care for. This view was shared by all of the people and relatives we spoke with. People told us how much they enjoyed living at the home. One person said, "I tried another home before choosing this one. I chose [Ridgecourt] because it's clean and cosy. I like that there aren't many residents and it feels homely".

A relative told us the staff were interested in people. They described how the home had made their relative's birthday "very special". The home had ensured they and their extended family were all able to celebrate together. In written feedback recently received by the home, one relative said, "We couldn't wish for a better home" and others described staff as "friendly", "helpful" and "caring". Throughout the inspection we saw staff interacting with people in a friendly, understanding and respectful manner. When people required assistance with personal care, staff supported people discreetly and quietly, asking them if they could help.

Staff demonstrated a good understanding of the needs of people living at the home. They were able to tell us about people's preferences, their day to day routines and how they liked to be supported. People living at the home had a similar ethnic background and religious beliefs and there was nobody with an obviously diverse need. People were asked about their cultural, religious and sexuality needs during the care planning process. Many of the staff had worked at the home for several years and as such knew people well. People told us staff sought their views and respected their preferences. For example, one person said, "They asked me when I moved here if I wanted a man or a woman carer. I said I don't mind either unless it's for showering".

People told us they were able to make decisions about how they wished to be cared for. They said they were encouraged to be as independent as possible. People knew the home described their care needs in a care plan. However, people's agreement to the content of the care plan had not been recorded.

The home recognised the importance of people's relationships with others, such as relatives and friends, and encouraged these to continue after their admission to the home. People told us their relatives and friends were made welcome and they were invited to join in the social activities organised by the home.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and respected their preferences. However, improvements were required to the care planning documents.

People told us the routines in the home were flexible and they were able to choose when and how they were supported. One person said, "I can get up when I choose. I like that choice." Another person said, "There's nothing I would change, it's a wonderful place to live – I'd leave if it wasn't".

Prior to people's admission to the home, the registered manager undertook an assessment of their care needs. This information formed the basis for each person's care plan used to guide staff about their needs and how they wished to be supported. We reviewed the care plans for three people with varying needs. We found one of these to be out of date with reference to the person's needs in 2015 and 2016. The registered manager assured us this person did have an up to date care plan but was unable to find this.

The care plan format used by the home was of a booklet type divided into four sections: a personal profile with past social and medical history; care needs and risk assessments; identified resident needs and care plan risks and benefits. Staff were required to consult each of these sections to gain a full picture of people's care and support needs and any associated risks.

We found that some guidance for staff was informative and descriptive, while the support required for other care needs was not described well. For example, one person was not able to alert staff to whether they were in pain. The care plan guided staff to be observant of this person's body language and facial expression to indicate they might be in pain and to provide regular pain relief. Staff were guided to report discomfort and distress to the community nursing team who regularly reviewed this person's care with the staff. However, another person's care plan described them as having "tense generalised anxiety" and being at risk of self-neglect and showing "other signs of mental impairment" without providing staff with a description of what this meant for the person. Staff were able to tell us about this person's care needs and we saw them supporting this person sensitively throughout the inspection. The person, for whom the care plan was unavailable, told us they were very pleased with the way in which staff supported them. They said the staff were "very, very good" and they felt listened to.

We recommend the provider and registered manager ensure the care plans and guidance for staff about how to meet people's care needs are accurate, complete and contemporaneous.

Following the inspection, the registered manager confirmed they had reviewed and rewritten each person's care plan.

The registered manger told us the home received support from the community nursing teams when caring for people at the end of their lives. The staff and nurses worked closely to ensure people were supported to have a comfortable, dignified and pain free death. People's preferences and choices for care at the end of their lives were discussed with them and their families, where appropriate.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard (AIS). The AIS) applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. The provider was aware of their responsibilities in relation to Accessible Information Standard (AIS). People's sensory needs and any barriers to their communication were assessed at the time of admission to the home and reviewed at each care plan review. The registered manager said that should a person require information to be presented in a more accessible format, such as, large print or pictorial charts, this would be provided. They said some people enjoyed listening to the local 'talking newspaper' to which the home subscribed. People were provided with tape recorders to be able to listen to these. At the time of the inspection, there was one person living at the home with a significant sensory impairment. However, due to living with dementia, the registered manager said that providing information in formats other than verbal was not appropriate.

We asked people how they spent their day and whether they were involved in social and leisure activities. One person told us, "There's a lot to do and you only have to look at the list on the wall to find out what is to happen" and another person said, "There is a good range of things to do. I enjoy the singers that come in." People told us they enjoyed the dancing and singing, Tai Chi and poetry reading. One person expressed a wish to have more trips out from the home. We discussed this with the registered manager who said the home had a minibus to use for trips out. They said a number of trips had been arranged the in the summer but there was a variable response to these. They said a trip to the see the Christmas lights was planned for shortly for December 2017.

During the inspection we saw people enjoying two group activities organised by external facilitators. On the first day people were involved in exercises and the second day people enjoyed music and conversation. One of these facilitators told us they had been providing activities to the home for over 14years. They said the home was "very good" and they always found people happy and well cared for. One of the healthcare professionals we spoke with said, "There's a real sense of cohesion and community among the residents". Care plans, including the out of date plan, contained detailed information about people's past history, their families and their social and leisure interests. The care plan for one person who was being cared for in bed due to their frail health, said they enjoyed listening to classical music. When we met this person their television was tuned to a classical music radio station.

People told us they felt they could make a complaint or discuss any worries that might have with the staff and registered manager. No-one we spoke with, including relatives and health care professionals, had any concerns over the care and support people received. One person told us, "You only have to ask and it's done for you" another said, "If you want something changed, and provided it's within reason, [the registered manager] will see to it and make sure it's changed". People were provided with information about how to make a complaint in the home's Statement of Purpose. This also contained the contact details for CQC and the Local Government Ombudsman should people be dissatisfied with the response they receive form the home. The home has not received any complaints since the previous inspection.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection in May 2015, the home was found to be using effective systems to review the quality of the service. At this inspection, in November 2017, we found the home was not using these systems as effectively. We identified improvements were required in how the home recorded and reviewed people's care needs and associated risks; assessed people's capacity to make decision about their care; ensured staff were trained and competent to administer medicines safety; provided staff with training related to people's care needs; obtained information about staff's past employment history and monitored staff performance.

The provider visited the home at least once a week to receive a verbal and written report from the registered manager and to discuss people's well-being and support. During these meetings the provider told us they reviewed a number of documents relating to people's care, such as the medicines administration records and accidents reports. However, their regular visits and audits had not identified the issues we found during this inspection.

Failure to operate effective systems to assess, monitor and improve the quality and safety of the services provided and to maintain accurate, complete and contemporaneous records for each person living in the home is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us they had reintroduced quality monitoring audits and they, and the provider, had reviewed administrative and quality monitoring practices within the home.

The provider kept under review the improvements required at the home and provided us with a copy of the home's current improvement plan. This included improvements and refurbishment to the environment, including the bedrooms, kitchen and laundry room. The plan also included the employment of more staff, including catering staff; a review of all care plans and expanding the quality assurance reviews. We discussed the improvements required with the records relating to people's care and to the recruitment, training, supervision and appraisal of staff. They said they would ensure the registered manager had the support they required to address these issues.

During the inspection people and relatives told us they thought the home was managed well. One person said, "I see [registered manager] every day, she looks after us well" and another person said, "[registered manager] is around most days and is always very accommodating." However, one person said they felt the registered manager was very busy and required more assistance: they said, "I feel sorry for [registered manager]. She never seems to have enough time or people to help her". The registered manager acknowledged they had not given sufficient time to administrative tasks over the past year and was aware there were areas that required improvement. They gave assurances they would address these shortfalls. immediately following the inspection, the registered manager confirmed each person's care plan would be rewritten, as well as the arrangements to provide the updates in training for staff and to reintroduce supervisions and appraisals.

In the PIR, the provider described themselves and the registered manager as having an "open-door" policy and said they welcomed feedback. Due to the small size of the home, the registered manager said they did not hold formal staff or residents meetings. They said important information was passed to staff through handover reports between shifts and to people and their relatives on an individual basis. Staff told us they felt supported by the registered manager and said the home was a "nice place to work." People and relatives said they felt the registered manager communicated with them well.

The provider used questionnaires to seek people's views of the care and support by the home. The results of the surveys sent in November 2017 provided very positive feedback. Comments from people and their relatives included, "We could not recommend Ridgecourt more highly. The staff are always professional and caring" and "Being looked after superbly." People told us the registered manager responded to any suggestions made. One person said, "If you want something changed, and provided it's within reason, [registered manager] will see to it and make sure it's changed".

The provider and registered manager confirmed that information about best practice in caring and supporting people was obtained and shared through care professional journals, CQC website and participating in the Devon Care Kite Mark Forum. This is a forum of local care providers who met regularly to share information and good practice. The support provided through this forum includes training sessions in a number of care topics. The provider and registered manager were aware of their responsibility to notify CQC of significant events in the 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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure staff responsible for the administration of medicines were trained and competent. 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain effective systems to asses, monitor and improve the quality and safety the service. The provider failed to ensure an accurate, complete and contemporaneous record was maintained for each person. 17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have an effective recruitment procedure. The provider had failed to maintain the necessary information about a candidate's pre-employment history prior to their employment. 19(1)(2)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff employed at the home receive appropriate training, supervision and appraisals.

18(2)(a)