

Sudera Care Associates Limited

Ridgeway Nursing Home

Inspection report

Crich Lane
Ridgeway
Belper
Derbyshire
DE56 2JH

Tel: 01773853500

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ridgeway Nursing Home is a residential care home providing personal and nursing care to people aged 65 and over. The service can support up to 37 people and at the time of the inspection 30 people were being supported. Care is provided on two floors, with bedrooms on each floor and communal areas on the ground floor.

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

The service provided continued to be safe. There were systems in place to safeguard people from abuse. Staff assessed risks to people and monitored these to keep people protected from harm. People received their medicines as prescribed. There were enough staff to support people and the provider recruited and trained staff as required. Good infection prevention and control practices were in place to protect people.

The care given was effective. People's needs and expected outcomes were assessed and regularly reviewed. People were supported by staff who had relevant training, skills and experience to care for them. People had access to sufficient food and drink throughout the day. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. The premises were designed to meet the needs of people using the service.

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

The staff were kind and caring and people had supportive and meaningful relationships with staff. People's independence was promoted, and staff responded promptly to any discomfort and understood people's needs.

The staff continued to be responsive. People had detailed care plans that promoted independence. Staff identified people's information and communication needs by assessing them. People were encouraged to participate in meaningful activities and access the community to avoid social isolation. People and relatives knew how to make a complaint and felt confident they would be listened to. People received compassionate end of life care and staff were trained to enable this.

The service continued to be well-led. All staff shared the positive culture and vision to support people's health and wellbeing. Staff were clear what their individual and team responsibilities were. The registered manager understood their duty of candour and responsibilities of registration with us. People, their relatives and visiting health and social care professionals were invited to provide feedback which was used to drive improvement. Regular audits took place to measure the success of the service and to continue to develop it. The provider was transparent, open and collaborative with external agencies.

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

Rating at last inspection

The last rating for this service was good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ridgeway Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

Ridgeway Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. Due to technical problems, the provider was not able to complete a Provider Information Return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager, nurses and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one visiting health care professional who regularly visits the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident analysis were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff meeting minutes and supervision records for staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff understood their responsibility around safeguarding and could tell us what constituted abuse.
- People and their relatives told us they felt safe. A relative told us, "I feel [name] is safe here." A staff member told us, "Our job is about ensuring people are safe."
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.

Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- We saw people being supported in line with their care plans. When people required support with equipment, we saw staff using this safely.
- Risk assessments were personalised to each individual's needs.
- Risks associated with the environment were managed safely. Staff received fire training and each person using the service had a personal evacuation plan which was reviewed at least monthly.
- The registered manager told us they had organised a full health and safety audit from an external company. This ensured all safety risks were assessed in the correct manner.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff and they were trained to meet people's needs.
- We saw there were staff present in the communal areas and call bells were answered promptly.
- Safe recruitment practices were followed. Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.
- The registered manager told us how staffing levels could be adjusted if people's needs increased.
- Accidents and incidents were reported, investigated and analysed by the management team to identify themes and trends. The registered manager told us how they found more falls occurred on the morning shift. From this, they were able to speak with the provider and increase the number of staff working in the morning. This had resulted in a decrease in the number of falls within the service.

Using medicines safely

- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people.
- The nursing staff were following safe protocols for the receipt, storage, administration and disposal of

medicines.

- One person with limited mental capacity required their medicines to be given without their knowledge. We saw records which confirmed the decision had been made in the person's best interests with involvement from appropriate health and social care professionals.

Preventing and controlling infection

- People were protected from infection, as practices were in place to ensure prevention and control of infection.
- A staff member told us, "Before I do anything, I always wash my hands."
- We saw the premises were clean and odour-free. A relative told us, "It is very clean here."
- We saw staff used personal protective equipment, such as gloves and aprons, when supporting people with personal care.
- Staff had received training in food hygiene and we saw the kitchen was clean and organised.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- Care plans demonstrated staff assessed people's needs and expected outcomes and regularly reviewed this.
- We saw staff knew people's likes and dislikes when supporting them at lunchtime and at other times throughout the inspection.
- The registered manager told us how they had improved their care plan for oral healthcare based on recent national good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- We saw staff applied their training when supporting people to eat and when supporting people to mobilise.
- Staff told us they felt their training had equipped them well for their role and the ongoing support from management was appropriate. A staff member told us, "I feel supported in my role. The staff have taken me under their wing and trained me well."
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so.
- Staff had ongoing support through supervision and appraisals. We saw from records, supervisions and appraisals were comprehensive and covered staff wellbeing.

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

- People had enough to eat and drink.
- We saw people were offered drinks and snacks throughout our inspection.
- We observed lunchtime to be a pleasant experience where staff ate with people whilst also offering discreet support if required.
- The registered manager told us how a new event started recently where themed meal nights were held and relatives could join. This gave people the opportunity to experience food from different cultures. For example, the last event was a curry night.
- One person came from another country and the kitchen staff often cooked meals reflective of their culture and background for them.
- Staff monitored people's weights and any other dietary needs. One person was supported with their nutrition through artificial means and the nursing staff were trained to be able to deliver this care effectively.

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

- People and their relatives were involved in decisions about the premises and environment.
- A relative told us, "[Name's] room is lovely. We have been able to bring in photographs and personalise the room for them."
- We saw bedrooms were decorated in respect of people's preferences.
- People had access to a recently refurbished outdoor space and staff told us that barbecues were often held in the nice weather.
- The registered manager told us how they had secured a budget to replace the carpet and people and their relatives were to be consulted about this.
- The provider had ensured the premises were accessible and there was a lift available for people to move between floors.

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

- Processes were in place to provide people with consistent care.
- Staff worked collaboratively with other health and social care professionals to ensure good outcomes for people's health and wellbeing.
- We read care records had detail of when referrals to health professionals had been made and what care had been recommended. For example, when one person's weight deteriorated, a referral was made to a dietician to address this risk.
- On the day of the inspection, one of the nurses was taking part in a ward round with a health professional from the GP surgery. The visiting health professional told us, "The staff are proactive and work closely with all the health professionals linked to the service. They are always prepared and do appropriate referrals in good time."
- The registered manager told us how the deputy manager had worked with the GP to pioneer a regular ward round for care homes in the area. The deputy manager told us how the continuity of care with external health care professionals had resulted in fewer calls for emergency healthcare.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive manner. A relative told us, "[Name] is not restricted in anyway here."
- Staff demonstrated a good understanding of the principles of the MCA and we saw people were supported to make their own decisions. One staff member told us, "We have to support people to make their own decisions where possible."
- Care plans showed us staff suitably assessed capacity and there was detail about people's ability to make decisions.

- Where people had an application had been made for DoLS, we saw appropriate information was included in the referral and staff followed procedures to ensure people were not restricted unlawfully.

Is the service caring?

Our findings

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

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

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

- People were supported by kind and caring staff.
- One person told us, "The staff here are rather nice. No matter what you ask for, they will do it for you." A relative told us, "The staff here are very caring." Another relative told us, "The care here is very good."
- We observed kind and caring interactions between staff and people throughout our inspection.
- Staff had caring relationships with people and their relatives and they knew them well.
- A relative told us the staff held a party to celebrate an anniversary important to that person and their relative. The registered manager told us the local press were invited to help the family feel special during this time.

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

- Staff knew people well and were able to provide support when needed.
- A relative told us, "Nothing is too much trouble for the staff."
- The registered manager told us they had recently supported one person by directing them to advocacy services.
- Staff told us they had enough time to spend with people and our observations confirmed this.
- We saw people were dressed according to their own taste and were wearing items such as jewellery and clean glasses.
- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by all staff.
- We saw staff responded promptly to any discomfort and understood people's needs. Staff were observed to be discreet when supporting people when they became anxious.
- The registered manager told us they used regular agency staff to fill gaps in rotas to ensure consistency of staff.
- Care records were written using dignified language and privacy and dignity was a golden thread throughout all care planning.
- We saw people were supported to be as independent as possible. We saw staff gave people time to have some independence when moving around.

- People were supported to maintain relationships important to them. We spoke to one relative who was invited to mealtimes every day, so they could continue eating at the same time as their relative. They told us, "I am always able to visit, and I have my dinner here." We saw relatives visited regularly and without restriction.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were provided with personalised care that met their needs. People had care plans in place that reflected people's likes and dislikes and had details about people's life histories.
- We saw these records were regularly reviewed and people were consulted with, when appropriate about these.
- Staff told us people were able to choose how they spent their day, for example when they wanted their breakfast or when they wanted a wash.

Meeting people's communication needs

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

- People's communication needs were met. Staff identified people's information and communication needs by assessing them.
- A relative told us, "The staff know how to communicate with [name]. They pick up on their signs of stress or anxiety."
- We saw dementia-friendly signage throughout the service and there was an up-to-date orientation board in each communal area.
- Care plans had details of people's sensory needs and all people were offered a regular check-up for their sight and hearing.

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

- People had access to a wide range of activities and were encouraged to follow their interests.
- There was an activity coordinator employed by the provider who organised activities both within the service and out in the community.
- A relative told us, "[The activity coordinator] is very good." Another relative told us, "They do lots of things like bingo and games and a singer comes as well."
- We saw upcoming events included a Christmas fete, a colouring competition and a Christmas party.
- Each person had an activity plan which detailed their preferred hobbies and interests. The activity coordinator planned an activity schedule, and people also had some one to one time allocated especially for activities if they wished.

- The registered manager told us one person enjoyed art and they had been supported to hold an exhibition of their art at the service for the public and relatives.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- A relative told us, "I have not had to make any complaints, but I would feel comfortable raising any concerns to the staff."
- The registered manager told us complaints were recorded, investigated and followed-up in a timely manner. They told us information from complaints and compliments was used to drive improvement within the service.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Staff had received training in end of life care and had access to medicines and equipment to support people at the end of their life.
- Staff had developed end of life care plans which included people's religious and cultural needs and preferences.
- A visiting health care professional told us how staff at Ridgeway worked well with other health professionals to provide a dignified and pain-free death for people. They told us, "The do end of life care very well here. They are good at contacting us for reviews, so we can make changes where needed."
- We saw an 'in memory' noticeboard in the entrance to commemorate those people who had recently died.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- A relative told us, "I think it is fantastic here. The manager is a really nice person." A staff member told us, "I feel people have a good quality of life here."
- Staff told us they felt supported by the management team and felt they were approachable. One staff member told us, "We are well supported by the managers."
- A health and social care professional told us, "If I have any concerns, I speak with the registered manager. They always address our concerns quickly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear what their individual and team responsibilities were.
- We observed a handover for staff between shifts and saw how staff were allocated to cover all areas of the building.
- The registered manager ensured we received notifications about important events so that we could check they had taken appropriate action. We saw how the registered manager understood their duty of candour. For example, when concerns were raised by relatives, the registered manager apologised and investigated the concerns.
- We saw the rating from the last inspection was visible in the home.

Continuous learning and improving care

- There were quality audits in place to measure the success of the service and to continue to develop it.
- The management team regularly audited and reviewed care plans, risk assessments and people's weights.
- The registered manager told us how the dietary reviews were improved following training by a dietician.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and visiting health and social care professionals were invited to give feedback. The

provider then used this information to inform changes.

- A recent survey completed by people and their relatives was focussed on their experience of care and gave them an opportunity to provide suggestions for improvement. We read feedback which said, 'Keep doing what you are doing as the residents seem to be happy.'
- People and their relatives were invited to attend a relative and residents meeting. This largely focussed on activities provided.
- Regular staff meetings were held which provided an opportunity for staff to give feedback and the vision and values of the service was reinforced.
- The registered manager and their team had built links to the community. A local church visited regularly to provide a service for people who have a faith. The registered manager told us how the activities coordinator worked with link groups in the local town and organised community transport for people using the service.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A visiting healthcare professional told us, "The staff here work well with us and with other health professionals."
- Improvements were made following feedback from partner agencies. The registered manager showed us how improvements had been made to behaviour support plans following a visit by the local authority.