

Anchor Trust

The Ridings

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 29 March and 4 April 2018. At our previous inspection in February 2016 the service had been rated Good. At this inspection we found the service remained Good.

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

The Ridings accommodates up to 48 people in one purpose-adapted building. There were 41 people living at the service during our inspection.

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.

Why the service is rated Good.

The service continued to ensure people were safe. Staff understood potential signs of abuse, were aware of their responsibilities to report any concerns and knew how to do this. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Medicines were stored and administered safely. There were enough appropriately trained staff to meet people's needs. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care.

People continued to receive effective care. People were supported by staff who were trained and supported in their roles. People were given choice and provided with support in accordance with the principles of the Mental Capacity Act. People had their nutritional needs met. We observed a lunch time meal and noted people were consuming appetizing food in a relaxed atmosphere.

The service continued to provide a caring service to people. Staff consistently demonstrated kindness and compassion towards people. People and, where appropriate, their relatives were involved in making decisions about the care and support people received. People's choices and preferences were respected.

The service was outstanding in their responsiveness. The service went the extra mile in providing people with a broad variety of activities to prevent social isolation. The service was extremely responsive to people's needs and wishes. People and their relatives told us that staff went over and above their call of duty which made a profound difference to people's lives. People emphasized the fact that they were delighted by the events organised by the service. People using the service and their relatives knew how to raise a concern or

make a complaint.

The service continued to be well-led. People, their relatives and staff spoke highly of the management. There were systems in place that monitored the quality of the service, resolved issues and strived for continuous improvement. Staff felt engaged and empowered working at the service.

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 was exceptionally responsive and had improved to Outstanding.

The service went the extra mile in providing people with a great diversity of activities to prevent social isolation. People told us they were delighted by the events organised by the service.

The service was extremely flexible and responsive to people's needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service remains Good.

The Ridings

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 March and 4 April 2018 was unannounced; which meant that staff and the provider had not been informed about our visit in advance. The inspection was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts spoke with people who used the service and visitors to gather their feedback. They also observed interactions between people and staff, including providing care and support in the communal areas and with activities.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it.

Before the inspection, the provider sent us the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This contributed to our understanding of the service.

During the inspection we spoke with 14 people who used the service, three relatives of people, an activities co-ordinator, a team leader, a care worker, a maintenance person and the registered manager. We spoke with a healthcare professional from the Care Home Support Services (CHSS) visiting the service.

We reviewed six people's care plans, four staff files, training records and records relating to the management of the service such as audits, health and safety files and policies and procedures.

Is the service safe?

Our findings

People continued to live safely at the service. They assured us they felt safe at all times. One person told us, "I feel safe, secure and people are well supported here". Another person said, "I feel safe. I was a bit dubious about coming here because you hear such stories about care homes but now I'm happy and settled. It has been a good choice for me". People's positive opinion of the safety of the service was corroborated by feedback obtained from their relatives. One person's relative told us, "I feel confident that [person] is safe".

Risks posed to people as a result of their physical and mental health were identified and staff had access to information on how to minimise the risk of harm to people. Potential risks identified included the risk of falling, the risk of pressure damage and mobilising-related risks. Where people required risk assessments tailored to their specific health conditions, these were in place.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff felt confident in reporting incidents of abuse. A member of staff told us, "I reported a safeguarding issue a few weeks ago. I reported this to them and then I contacted both the Care Quality Commission (CQC) and the local safeguarding team to inform them about the incident on the behalf of the service".

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed there was a sufficient number of staff on duty to meet people's needs and call bells were answered swiftly. This was confirmed by staff, people and their relatives. A member of staff told us, "We have enough staff on shift. I don't feel stressed at all".

Incidents and accidents were reported in line with local policy and these were monitored by the registered manager and the provider. Trends were identified and remedial action was taken to minimise future events. People told us staff responded appropriately when they had experienced an accident.

There was an equality and diversity policy in place and staff received relevant training. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. A member of staff told us, "I would not treat anyone any different because of their gender, race or sexual orientation. I wouldn't do to them what I wouldn't do to myself".

Medicines were stored, disposed of and administered safely. Medicines were administered by team leaders whose competencies were regularly assessed. People who had allergies were protected from exposure to potential sources, as allergies were clearly documented on medicine administration records (MAR's). Where people were prescribed 'as required' (PRN) medicine, staff had relevant information available to them to ensure this was administered safely.

There were contingency arrangements in place so that staff knew what to do and who to contact in the

event of an emergency. The fire risk assessment for the service was up-to-date and reviewed annually. People who used the service had personal emergency evacuation plans (PEEP) in place. Staff took part in fire simulations to ensure they knew what to do in the event of a fire.

There were systems in place to help promote infection control. These included cleaning regimes and appropriate training for staff. We saw that staff were using gloves and aprons and the service was clean and fresh on the day of our inspection. We noted that there were regular audits and checks in place to ensure staff were working in accordance with the policy. The service smelt fresh with no trace of the odour of cleaning materials.

Is the service effective?

Our findings

People's needs continued to be met effectively. People had their needs assessed before they started to use the service. The service involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home as well as to determine the staffing levels and the skills staff needed to provide effective care. Staff were provided with sufficient information to ensure people's needs were met. Care plans included guidance from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation.

People and their relatives told us they were supported by staff who they felt had received sufficient training to provide and support them safely. One person's relative told us, "I think that staff are excellent and well-trained". Staff completed an induction to get to know people, their preferences and routines. This included shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Training was arranged to support staff to meet people's specific needs, and included dementia awareness and catering for people with dysphagia.

Staff attended regular supervisions and annual appraisals with team leaders and the registered manager. Supervision records showed staff discussed teamwork, the support they required and the skills they needed to enhance their practice. Staff told us they found supervision meetings useful and they were supported by the registered manager to obtain further qualifications. For example, a member of staff mentioned that the service had raised funds to provide them with an additional qualification in the provision of activities. Annual appraisals gave both the managers and staff the opportunity to reflect on last year's achievements and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

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. The registered manager and staff understood and followed the MCA Code of Practice. A member of staff told us, "The MCA is based on five principles. You need to follow the process. At first do not assume that somebody lacks capacity. If the person has been assessed as lacking capacity, you need to act in their best interest and organise a best interest meeting to choose the best option for that person".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people had DoLS authorisations in place, the CQC had been notified and staff were aware of the specific conditions in place.

People were regularly weighed and staff completed a Malnutrition Screening Tool (MUST) to identify whether people were at risk of malnutrition. We saw evidence that the MUST was used effectively and people achieved their goals and reached their desired weight. One person's relative told us, "The food is excellent. He has put on weight since he has been here".

People who used the service had access to healthcare professionals which included GP's, district nurses, Hospital at Home, Care Home Support Services and a podiatrist. Professional visits were consistently recorded within people's records and staff followed the advice given.

The premises were suitably adapted. People were encouraged to personalise their own rooms with photographs and other souvenirs and things they cherished. Staff told us and people confirmed that all the residents were encouraged to bring in familiar items to help them feel at home.

We saw dementia signage and colour coordination was used to enable people to find their way around the home and to promote their independence. The dementia friendly signs used both the word and the picture so people could refer to any of them. The bathrooms were dementia friendly with decorations aimed to introduce homely atmosphere. The bathroom mirrors could be easily covered at any moment in case people living with dementia were upset as they could not recognise reflection of themselves. Carpets were free of any patterns that might cause confusion. Memory boxes fitted outside people's rooms.

There was a seaside lounge with a bar developed as a part of Anchor Inspire Project to create a dementia friendly environment. We saw evidence that people were involved in choosing the décor for the lounge during regular 'resident and relative' meetings.

Is the service caring?

Our findings

People continued to be supported in a caring way. Everyone we spoke with before and during our inspection told us staff were kind, caring and were willing to spend time with people. One person said, "They are very caring. You only have to ask and they're there". Another person said they had chosen the home for themselves. They told us, "I've never regretted the move. The most striking thing is the staff – they are all so good, they are thoughtful, kind but also light hearted".

Staff listened to people's requests with patience and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support. The service had a calm, cosy and welcoming atmosphere.

Staff explained to us how they promoted people's privacy and dignity in everyday practice, for example by taking all precautions so that people were not exposed whilst receiving personal care. A member of staff told us, "I keep the bathroom door shut and give them a towel to cover themselves so they are not exposed".

People were supported and encouraged by staff to express their views and to make decisions about their care and support. The provider implemented a keyworker system where each person was allocated a named staff member. A keyworker is a staff member who is responsible for overseeing the care a person receives including liaising with relatives, representatives and healthcare professionals involved in the person's life. Staff supported and encouraged people to make choices on a daily basis.

During our inspection we noted that staff encouraged and assisted people to help them remain as independent as possible. A member of staff told us, "We support people to do things independently as long as they are able to do this. For example, during personal care we give them flannels to wash themselves. Even the cleaners give people dusters so they can clean their apartments independently". One of the care co-ordinators said, "Even housekeepers are involving people. If people want to Hoover their rooms, the housekeepers will let them do it. We are here to support people, not to take their independence away".

The equality and diversity policy was available at the service. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized at the initial assessment stage and respected within the service. Staff received training in equality and diversity.

People's sensitive information and personal data were stored securely and safely in lockable cupboards only accessed by approved staff. Staff understood the importance of confidentiality and were trained in confidentiality.

Is the service responsive?

Our findings

The service went the extra mile to meet people's needs. One person was supported to live at the service with their dog who was an essential part of their life and emotional well-being. The person told us staff were very supportive and described how staff helped them by looking after the dog when they were too unwell to take care of it. The person told us, "Above all, I was able to bring my little dog with me, which is not only a comfort to me, but such a delight to the other residents. I was so pleased to find The Ridings which has everything to meet the needs of both Rosie (the dog) and myself. At present I can walk Rosie myself, but if the time comes when I cannot, they will arrange for her walker, too. I wish more care homes would become aware of this service so that they would accept pets more readily".

The provider's vision of the organisation was to create a place where elderly people receive excellent and compassionate care and lived fulfilled lives. This was achieved by enabling people to do what they used to do prior to them being admitted to the service. For example, one person who had been an engineer in the past was getting anxious seeing cars. The service had paid attention to that fact and let the person use their skills and past experience in engineering by providing them with parts to assemble and disassemble. This resulted in reduced anxiety levels and the person being able to spend time maintaining their skills. In another example, a person who had once worked as a housekeeper was able to fold napkins and pick up the plates and cups after mealtimes. This made the person feel they were doing something meaningful, which as a consequence contributed to maintaining their well-being and self-esteem and reducing their anxiety levels.

The service employed two activities co-ordinators. The activities co-ordinators were passionate about their role. People's and relative's opinions on the activities were excellent. One person's relative told us, "I am very happy about the activities organised by the service. [Person] went to pub which is lovely. He regularly plays bingo with other residents".

The service employed unique and innovative techniques to provide people with activities. The service used different IT applications to meet the different needs of people. For example, some people benefited from a sensory application. They enjoyed touching the screen and the results of the touch, such as a wave on the water displayed on the screen.

One person enjoyed animals and they told us that in the past they had kept cats and dogs in their home. We could see they used an application where they were able to stroke a virtual animal which resulted in the animal purring and 'playing' with the person. The person was happy and smiling while they were talking to us about the animals they had kept in the past.

IT technology was readily available to people. Using a tablet application enabled people to see the places where they had lived, went to school or worked in the past. This provided them with stimulation and enabled to bring back their memories from the past.

One person's care plan mentioned they were always passionate about dancing. The service did not only

accommodate the person's needs by organising dancing activities but also organised time for the person so they could share the story about their dancing days with others.

During our visit to the service we saw that not only the activities co-ordinators were involved in finding new activities for people. Some people living at the service were interested in aviation. This had been noticed by a recently employed maintenance person with aviation-related background. The person in question told us they were very keen to organise a trip to a museum or a plane watching event for people who were interested in aviation. We spoke about this with the activities co-ordinator and the registered manager. They were both aware and supportive of this idea.

The importance of one-to-one activities for those who did not like large groups, noise or required individual attention and support was recognised in the home. Sensory activities were provided to people in the comfort of their own bedrooms to maximise people's enjoyment.

The service used doll therapy with people who could benefit from this. Doll therapy is known to be a very effective way for a person with any kind of dementia to decrease stress and agitation. The care co-ordinator told us, "We could see that [person] was always withdrawn and not engaging. We decided to buy a doll and this worked out. We named the doll, dressed the doll and immediately you could see physical change in [person]. She hugs the doll and rocks the doll. You can see less agitation in her having the comfort of the doll".

People told us the service's responsive attitude extended beyond the care team. One person told us, "I am one of only two vegetarian residents here, but the chef always prepares suitable and tasty food for us. The whole catering team are patient, and go on providing food at odd times for those who forget to turn up at more usual times".

The service was responsive to people needs by using outside resources and new technologies in order to communicate with people as effectively as possible. For example, one person had reverted to speaking in their native language. The service had arranged for translators to visit, in order to develop a care plan covering all aspects of the person's life. The service was using translating applications on an IT device as a tool to communicate with the person. The person's keyworker had also devised a folder to be used by all staff to assist in effective communication with the person. The improved communication with the person had enabled the service to identify the source of the person's discomfort and move them to a different room which had helped to significantly reduce the person's agitation.

The equality and diversity policy was available at the service. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized at the initial assessment stage and respected within the service. One person told us, "When I came to discuss my care plan upon arrival I was pleased to find that sexual orientation was included, as I am lesbian, and it was a relief to be able to discuss it openly, and find it accepted as a normal way of life. It has made it much easier for my children to visit me too". Staff received training in equality and diversity. The provider organised a Lesbian, Gay, Bisexual and Trans (LGBT) group to act as a sounding board on LGBT issues.

Community links and relationships were facilitated and encouraged to ensure people did not become socially isolated. The activities co-ordinator had arranged visits of school children presenting a talent show to people. The service liaised with a chain of supermarkets to raise funds for the Gardening Club. As the activities coordinators had realised that many people living at the service were interested in gardening, they had purchased plant pots for the home and encouraged people to set up a garden together with their relatives.

The service had a proven track record of responding quickly to people's requests when they required changes and adjustments to their care. One person told us they had asked to move their apartment. They told us, "I've moved downstairs now. It's better for me". A health care professional visiting the service praised the responsiveness of staff by saying, "They are very observant from the nurse's perspective. They have already called the doctor and started observation. This is an overwhelming impression".

The service was going over and above in their responsiveness to people's needs. We saw a letter of appreciation from a relative after the service had provided them with food and accommodation so they could stay with their relative at the service. The person's relative wrote, "A very big thank you to [registered manager] and all the staff over the years for making it possible for me to stay with dad each month. They were such special times for us both". Another person's relative told us, "Some time ago before dementia progressed, [person] had two newspapers delivered to the service. When he didn't get one of them, they sent a carer to get it for him".

Health care professionals praised the responsiveness of the service. One health care professional told us, "We have noticed that they are all very proactive and very responsive to their client's needs. One good example to back this up is that we very rarely have reports of wounds, pressure damage or any other concerns from them. And if at any time the clients in there need our attention, the care home will contact us immediately".

The service did not provide nursing care. However, at times they provided end of life care to people. We found staff had received training in key areas, were supported by district nurses where needed, and people had their wishes documented in their support plans. People were supported to die with dignity and without pain.

The home's approach to care was person-centred and holistic. The care plans were informative and provided staff with thorough information about people's lives. They reflected people's full involvement in developing their care plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. People told us that staff knew their life histories and often engaged in conversations about people's past.

Complaints and even minor concerns raised had been fully investigated. People and relatives told us that they knew how to raise concerns but had not needed to.

There were regular meetings for people and their relatives organised by the service. We saw that during these meetings people and their relatives were able to express their views and they were listened to. For example, crusty rolls were introduced as an alternative to bread and butter.

Is the service well-led?

Our findings

People continued to benefit from a service that was well-led.

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

The registered manager was well known throughout the home and people told us they liked them. We noted that the manager provided support to people and knew them well. The registered manager was able to demonstrate an in-depth knowledge about the people they supported and the staff team working at the service.

Staff told us they felt supported and valued by the registered manager and that the registered manager recognised their achievements. A member of staff said, "I have passed [nationally recognised qualification] and I had a card and flowers waiting for me. I have also received a shopping voucher. I have also received a shopping voucher on the completion of five years at the service. It makes you feel more appreciated".

We saw evidence of regular staff meetings. Regular meetings kept staff up-to-date and reinforced the values of the organisation and their application in practice. Staff told us the meetings were useful and enabled staff to contribute to the service development and improvement by sharing their ideas. The recent meetings included topics such as keyworking, recording administration of topical creams and monitoring people's dining experience. As a result of team meetings, new 'living stories' were introduced with the purpose to aid people's keep their memories alive and share them with their relatives.

The management ensured people were involved in making important decisions regarding the home, for instance about the décor or activities on offer. People were invited to regular meetings with the home management. Staff felt valued and listened to, and they knew their views were taken on board by the management. A member of staff told us, "They do listen to our opinion".

The registered manager encouraged people, visitors, staff and community professionals to feedback their experience of the service and had told them what they would do in response. The service employed an external company to gather opinion of people. The results of a recent survey showed that the satisfaction with overall care was higher than the national average. Where issues were raised, the registered manager immediately produced a relevant action plan. For example, they were in the process of completing an action plan to improve the laundry systems.

There were regular meetings for people and their relatives organised by the service. We saw that during these meetings people and their relatives were able to express their views and they were listened to. For example, crusty rolls were introduced as an alternative to bread and butter.

The registered manager was aware of best practice guidance as they kept themselves up to date with any

changes. They continually monitored the service provided to ensure the best outcomes for people who lived at the home.

The provider had a schedule of audits which checked on the practice in relation to a variety of topics, such as management of medicines, infection control and care plans. Relevant action plans were attached to the records of audits when areas for development had been identified by the audit. We saw that care plans were updated following the audits.