Midland Property Investment Fund Limited

Ridgeway Court Care Home

Inspection report

2-4 Dudley Road
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Tel: 01902883130

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16 January 2017

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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

Our inspection was unannounced and took place on 13 and 16 January 2017.

The provider is registered to provide accommodation and personal care for up to 39 people. On the day of our inspection 33 people lived at the home, five people were in hospital which meant 28 people were on-site. People lived with a range of age related conditions which included dementia.

At our last inspection of 4 November 2015 we identified that some improvement was needed so that staff followed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The provider also needed to demonstrate that they maintained the safety of the premises and or equipment used in a timely manner. At this inspection we found that improvements had been made.

The manager was registered with us as is required by law and was present on the 2nd day of the inspection. 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.

People were protected from the risks of harm or abuse by staff who had been trained to recognise and report concerns. Risks to people's safety had been identified and planned for, however staff needed to be consistent in monitoring people who required catheter care. People were supported with their medicines and took them as they had been prescribed by their doctor. People reported and we saw that there were enough staff available to meet people's needs and to keep them safe. The provider had recruitment procedures in place to ensure checks were carried out on the suitability of new staff.

Staff had a planned induction to prepare them for their role and had training and support to ensure they understood and met people's needs effectively. The provider had booked training for all staff to ensure they understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People enjoyed their meals and were supported eat and drink to avoid malnutrition or dehydration. People had access to health care professionals to promote their health and well-being.

People were supported by staff who we saw were caring, kind and patient. Staff showed they protected people's privacy and dignity when they undertook care tasks. People were happy that staff encouraged their independence.

People were enabled to make decisions about their care and felt that staff knew their preferences and routines for how and when their care was provided. Staff supported people to keep in contact with their family and people important to them. Activity provision was tailored to meet people's individual needs and interests. People and their relatives had access to a complaints process if they were dissatisfied with any aspect of the service provision.

The registered manager shared the management role with the deputy manager. She had reduced her time in the home. People who lived there, their relatives and staff reported that this had not had an impact on them as arrangements were in place for them to access management team members. People told us that they felt that the quality of service was good. Quality monitoring of the service via regular audits and checks had been undertaken. The registered manager was obtaining people's views on service provision and was looking at ways to improve the feedback received. The provider had ensured that maintenance checks on equipment and the premises were carried out within the required timescales. This was an improvement since our last inspection in November 2015 and ensured that the safety of people was being addressed.

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.

People were protected from harm and abuse by staff had been trained to recognise and report concerns.

Risks to people's safety were identified and planned for although staff should ensure they follow the processes in place.

Medicines were managed safely and people had support to take these as they were prescribed.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to meet people's needs effectively.

People's liberty was not unlawfully restricted. Training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been arranged to support staff understanding.

People received input from a range of health care professionals to meet their healthcare needs. People's dietary needs had been identified and managed and they were offered meals that they liked.

Is the service caring?

Good

The service was caring.

People were observed to be supported by staff who were kind and compassionate.

People could be certain that their privacy and dignity would be upheld.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed to ensure that they would be met in their preferred way.

People were provided with the opportunity to undertake activities that they liked. People were supported to follow their own individual interests or pursuits.

There was a complaints procedure and complaints were investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There was a management structure in place that people understood and people/relatives/staff had confidence that the home was well run.

The provider had taken action to ensure that the safety of the premises and equipment used was maintained.

Ridgeway Court 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 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.

Our inspection was unannounced and took place on 13 and 16 January 2017. Our inspection team included one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

Some people were unable to share their experiences of the home so we use the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We spoke with 18 people who used the service, four relatives, two friends of people, four care staff, the registered manager, deputy, two senior staff, two care coordinators, the cook and the nominated individual. We also spoke with a representative of the provider's quality assurance team. We looked at five people's care records and medicine records, three staff member's recruitment records and the staff training records. We looked at systems in place to monitor the quality and management of the service including surveys completed by people who used the service and complaints records. We shared a lunchtime meal with people and observed the administration of people's medicines.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. A person who lived at the home told us, "I do feel safe; no one can hurt you while you are here". Another person told us, "Staff are very careful and make sure we are looked after". A relative said, "I'm happy that [name] is in safe hands". Relatives told us that they were always informed about falls or accidents and events that might affect people's safety. For example when people were not eating enough.

The staff we spoke with had received training in how to recognise and report abuse and demonstrated a good understanding of their responsibilities. One staff member told us, "Any concerns we might have, especially if there are marks or injuries on people, we would report it to the manager. They would tell the local authority who would investigate it". We saw safeguarding alerts had been made by the provider where concerns about people's welfare or safety were identified. We saw the registered manager had taken action to minimise the risk of reoccurrence.

People told us that they were confident in the staff's ability to support and manage any risks to their safety. One person told us, "I had fallen a lot before I came here and then I started to fall out of bed. I can't help myself you know. Now I've got bedrails and I feel far more confident". A relative said, "The staff are very good; they move mom regularly as she gets sore skin". Another relative told us, "Mom needs help with everything; doesn't eat well, can fall over and has poor skin. The staff make sure she gets the care she needs and any problems are always shared with me".

Staff told us that they followed the instructions in risk assessments and that they knew how to reduce risks to people's safety. We saw that risk assessments were in place regarding the risk of falls, or developing pressure sores. Monitoring records were in place and showed that people had been supported to change their position to protect their fragile skin. We also saw that people were supported with their mobility. Some people had plans in place for catheter care. The controls in place required staff to check and empty the catheter bag and record output. Although the plan was clear we found that for two people there were gaps of two and three days in which staff had not recorded their output. We spoke with a care staff, a senior and the deputy manager who acknowledged the gaps. Additionally the deputy confirmed she had not been made aware the records had not been completed. We found the oversight of risk management in relation to catheter care was not consistent. The deputy manager took action to re-inforce the importance of the monitoring records and the checking of these to ensure any gaps would be picked up and rectified quickly.

The registered manager maintained a record of the frequency of falls or accidents and we saw that actions to reduce risks to individuals were taken. We saw accidents were recorded and body maps were used to identify where injuries were. An analysis of falls would help to determine patterns or trends to prevent future falls.

The provider had recruitment procedures which included carrying out employment checks before staff started working. We were shown four staff files for the most recently recruited staff. These showed that a Disclosure and Barring Service (DBS) check, references, identification and records of employment history

were undertaken. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People who used the service and their relatives told us that they felt that there was enough staff to meet people's needs. One person who lived at the home said, "Oh yes there is always staff around and if I buzz they come". Another person said, "During the day there's plenty staff to help and at night they have answered my buzzer, I haven't had to wait too long". Staff we spoke with told us they had no concerns about staffing levels. One staff member said, "I think there are enough staff; we have the time to do the things we need to without rushing". Another staff member told us, "We are low on resident numbers because some people are in hospital but we still have the same staff numbers which is nice as we have time with people". Relatives told us that they had no concerns about staffing levels. One relative said, "Never had a problem with staff shortages; If I thought it was affecting (name) I'd speak up". We saw staff were available to support people throughout the day and to assist people with their meals. We saw people were assisted to the toilet when they requested this and without delay. The provider employed two additional activity workers which showed they had taken into account people's need for stimulation. Cooks and domestic staff complemented the care staff team so that care staff could focus on the delivery of care. Staff were organised and managed people's needs without rushing. One staff member told us, "I think we are pretty well organised; there's enough of us to supervise the lounges and make sure we are around to meet people's needs".

People told us that they had their medicines when they should. One person said, "They are very good; bring my tablets every day on time". Another person told us, "If I needed any pain killers I only have to ask". Relatives told us they had no concerns about people having their medicines when they needed them. Staff had training to administer medicines safely and told us competency checks were in place to review their skills in this area. Our observations showed staff followed the procedures for the safe administration of medicines. Our checks on the balances of people's medicines showed these matched the usage. Daily checks were carried out by staff on the balance to ensure any errors could be identified quickly. The provider had changed their pharmacy and were using a new medicine system. Staff reported this was 'much easier to use'. All medicines were in individual sealed pots named and coded. We saw that written protocols for 'as required' medicines were in place and staff we spoke with were aware of the circumstances in which a person might require medicines.

Good

Is the service effective?

Our findings

At the last inspection we found that there was a lack of training and understanding of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Since our previous inspection improvements had been made. We saw that training for all staff was booked to take place and that all staff would have received training by 25th January 2017. The provider had booked an external company to provide training over a two day period within the home.

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 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.

People we spoke with told us that the staff asked for their consent prior to delivering any care or support. One person told us, "They always check if it is okay for them to help me; ask me if I want to or not". People told us they made their own decisions related to their care and routines. One person said, "We get up when we want to and go to bed when we are ready". We saw that staff asked for people's consent before they began care tasks. Staff understood the importance of gaining people's consent. One staff member said, "We would never just do things to people, we always ask before we try to do anything". Care staff we spoke with told us that they had not all completed the appropriate training in MCA and DoLS. At the time of this inspection some people using the service had DoLS authorisations in place to promote their safety and wellbeing. Staff were able to tell us who was subject to a DoLS and how this impacted upon their care and movements and where there were restrictions in place for people's safety. We saw that people were not restricted; they had access to their walking aids and could move around the home freely. Some people could independently leave the home. The registered manager knew of their responsibilities regarding DoLS and had made referrals appropriately. This showed that the provider knew their legal obligation to ensure that people did not have their right to freedom and movement unlawfully restricted.

People we spoke with told us that they were happy with the care they received and that they were confident in the staff's ability to meet their needs. A person said, "It is very good here; they know how to look after me". Another person told us, "They support me properly; they use the hoist, help me with my health and understand what I need".

Staff confirmed they had an induction which included training relevant to their role. They had shadowed other staff until they were familiar with care tasks and routines. The Care Certificate which is an identified set of induction standards was used. This equipped staff with the knowledge they needed to provide safe and compassionate care. Relatives told us they found the service effective. One relative told us, "They are trained

and know how to manage (name's) care". A staff member said, "The people who live here are very well looked after". Another staff member told us, "We have a lot of direction and support as well as training; I think we understand people's needs and meet them". We saw that staff used their training effectively when supporting people with their mobility. They were aware of people's dementia and communicated with them effectively to aid their understanding. We saw people at risk of pressure sores were supported to change their positions regularly to protect their fragile skin. Staff told us that they had group discussions to aid their understanding about meeting people's needs. We saw they had discussed managing pressure care, chest infections and continence care. They had met with the district nurse team to further enhance their knowledge in for example catheter care. Staff told us they had an annual appraisal in which their performance was assessed.

People who used the service received the health care support and checks that they needed. They told us that if they were poorly staff would call the doctor to assist them. One person said, "If I'm not feeling very well the staff will arrange for the doctor to come and see me". Another person told us, "I see the doctor and I used to see the district nurse, If I need the dentist or optician it is arranged". Care staff we spoke with told us where people needed health care support they would ensure this was made available. Care records showed people had access to healthcare professionals. We saw on the day that a person became suddenly unwell and staff took immediate action and called emergency services.

People told us they enjoyed the meals and were always offered a choice. One person who required a specific diet for a medical need told us, "I'm happy I'm catered for and happy with how staff manage it". We saw that foods were purchased that were appropriate to the person's needs. We saw that lunch was organised over two sittings which enabled staff to support people who needed assistance to eat. The cook was able to tell us about people's dietary needs and risks associated with not eating enough. Specific diets were catered for such as diabetes or pureed food. During the day we saw some people were encouraged to eat between meals with snack boxes containing finger foods to promote their intake. People who were at risk of losing weight were monitored and their weight was checked regularly. Recommendations from the GP or dietician were followed to ensure people's dietary needs were managed proactively. We saw that drinks were available to people at all times and we observed staff helping people who needed support to drink.

Good

Is the service caring?

Our findings

People said they were very happy with the staff and got on well with them. One person told us, "I love it everyone is so kind to you". Another person said, "I like that they (staff) are friendly; they take their time and they are always gentle with me". Relatives were complimentary about the staff and told us that they were 'good to people' and 'polite'. One relative said, ""They are very well trained and caring. They do anything if you ask."

We saw that people had good relationships with the staff who supported them. Conversations were caring, respectful and inclusive. Staff were attentive to people; they frequently checked with people if they were comfortable; finding blankets and wrapping them up warmly. A staff member demonstrated a warm kindly manner when administering people's medication. She sat with the person, took time to explain what the medicine was and patiently waited for the person to take it.

We saw that staff were aware of people's emotional needs and how to respond to their distress. For example a person became anxious about losing her bag. Staff reassured her and promptly went to find the missing bag. The staff member told us that the person had recently suffered a bereavement and told us how they were supporting the person. This demonstrated staff were compassionate and had empathy for people.

Staff we spoke with had a good understanding of people's needs and had taken the time to get to know and understand their histories and life stories. They used this knowledge well to converse with people in a way that they could understand and relate to. People who struggled to communicate or remember events responded to this approach and we saw it made them happy; they smiled or held the staff members hand. Staff described to us how they promoted good communication with people by speaking slowly in short sentences to aid the person's understanding. People were supported to express their choices such as how they wished to spend their time, food choices and routines. Records we looked at showed that people had care plans in place that included information about their communication needs and likes and dislikes.

People's privacy and dignity was promoted. A person said, "I like to look well-presented and staff help me with that". People told us that they selected their own clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "I pick out my own clothes and staff help me to dress". A relative said, "The hairdresser comes regularly and staff always make sure [name] is well presented how she would want to be". Personal care was delivered in private. We saw staff used screens when hoisting people in communal areas which provided more privacy and ensured people's dignity was protected. Although this required additional effort on staff's behalf they did this consistently throughout the day. There was an identified dignity lead staff member. We saw her discretely check people's appearance. She told us that on a daily basis she checked if staff were ensuring clothes protectors were removed promptly, people's drinks were refilled and that their personal care had been attended to and they were comfortable.

People told us that they were supported to be as independent as possible. One person said, "I do most things for myself but staff help me in parts". Staff told us that they recognised the importance of

encouraging people to do things for themselves and that this was promoted when possible. For example we saw people were encouraged to walk to the toilets or the dining room and to eat independently where they were able to.

We saw that people enjoyed having visits from their family and the provider ensured flexible visiting to accommodate this. One person said, "I like it when my family come. They can come any time". Relatives told us that they could visit without any restrictions. A relative said, "I visit when I want to and am made to feel welcome by staff".

People we spoke with told us they managed their own affairs with the support of their family. Staff told us if people needed support information about accessing local advocacy services was available. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

People told us that when they moved into the home they had been asked about their needs. One person said, "They asked me where I needed help and what I could do for myself". A relative told us, "Yes they did an assessment and asked about needs, mobility, health that sort of thing, I was encouraged it made me feel confident that they wanted to know about (name) and how best to support (name)". Another relative told us, "It's been years since (name) moved in but I am involved with changes to the care plan".

We saw staff were responsive to people's needs; they responded to people's comfort needs ensuring they had a blanket to warm their legs, they checked people were sitting with the right support and cushion to prevent skin damage. We saw they offered people drinks and snacks and supported their mobility. One person told us, "I don't walk well but they walk with me when I need them". Another person told us, "They know my routine so will help me if I want to go to my room". Another person told us, "I'm quite independent; staff help me with some things and come when I need them, they know me quite well". We saw care and support was personalised; staff responded to people's individual needs such as supporting them to the toilet when they wanted to go as opposed to fixed times. Staff were able to demonstrate where people's health had deteriorated and their support had been increased such as when people were poorly and in bed we saw they checked people regularly. This demonstrated a personalised approach to people's individual care needs.

We saw that people's care plans included details of their needs as well as their preferences. Most people were happy that arrangements for their care suited their preferences. One person told us, "I prefer a shower and generally have one twice a week, I'd like more but it's not practical". A relative told us, "I spoke with staff because (name) wanted a bath…they said they would do this". We asked staff how they ensured they were meeting people's needs. Staff told us that they asked people regularly about their care and that any changes people wanted could be made to their care plan so that it reflected their preferences.

People told us there was always something to do. We saw that people were supported to pursue their individual chosen interests. One person told us, "I like to go down the village and have a beard trim, do the charity shops, staff take me and I really enjoy that". Another person told us, "I like to go to Merry Hill and have fish and chips and they take me there". Activity coordinators were employed and had arranged a variety of group events. People said they had been out for coffee and cakes, walks or shopping. One person said, "If there's something you want to do they try". The activity coordinators told us that arranged other interesting and interactive activities such as aromatherapy, keep fit, baking sessions, art and crafts and quizzes. We saw that a small group of people were doing a large jigsaw puzzle which generated interaction with their peers and staff. One person told us that they were interested in gardening, we heard from the activity coordinators that bulbs, pots and soil had been ordered to support them to do this. People's religious needs had been taken into account. People told us that they attended the local church weekly where they were able to practice their faith and enjoy hymn singing with refreshments provided. A service within the home also took place. Staff said that different denominations to meet people's religious beliefs would be made available if needed. We saw that a remembrance book with religious artefacts was available within the home so that people could pay their respects to their lost friends.

People told us that they would feel comfortable to complain to the provider if they needed to. One person said, "I don't have any complaints but if there was something I wasn't happy with they would resolve it anyway". A relative told us they had access to a complaints procedure and they could raise any issues at meetings held in the home. A complaints procedure was available for each person in their bedroom. The complaints log showed the nature of the complaint, action taken and how it was resolved and fed back to the person.

Good

Is the service well-led?

Our findings

At our previous inspection in November 2015 improvements were needed to ensure the premises and equipment used was consistently maintained. At that time, maintenance checks on the lift had not been carried out within the required timescales. Previous to that inspection, in September 2013 a breach of regulations in relation to the safety of the premises and equipment had been identified. This showed that there was a history of not ensuring the overall safety of equipment and premises was addressed in a timely way. At this inspection we found that the provider had ensured that the equipment used was checked for safety. For example we saw that there were safety certificates in place to confirm equipment had been serviced by contractors, this included the lift. We also saw that maintenance certificates were in place for gas and electrical equipment, moving aids such as hoists, fire equipment and water safety such as Legionella. The provider's representative Nominated Individual [NI] who had been in post for six months told us that they visited the home regularly. They said that the registered manager shared with them any issues that needed to be addressed. As a result they told us that the provider had invested financially in several improvements such as redecorating six bedrooms with more planned. The registered manager told us that she was happy with the support provided by the NI.

The registered manager had a system in place to monitor the provision of care within the home. We sampled their audits and found that they were regularly checking medicine management, the incidence of pressure sores and falls, and care plans as well as the safety and cleanliness of the premises. The NI showed us that they had completed most of the actions required related to the most recent Food Safety report of September 2016. Plans were in place to address the one item remaining. Systems were in place to assess, monitor and manage risks to people. However there were gaps in completion of the monitoring records related to two people who required catheter care. Although there was a hand-over period between shifts to share issues related to care, these gaps had not been picked up or communicated to the management team. On day two of our inspection the deputy manager advised that she had reinforced the importance of completing monitoring records and for senior staff to check this was done. This should ensure that accurate records are maintained that could help to identify any complications to people's health.

The provider had a leadership structure that staff understood. There was a registered manager in post as is required by law. The registered manager shared the management role with the deputy manager as was reducing her time in the home. The registered manager and the deputy told us this had not had any negative impact on the home as management tasks were carried out. The NI told us that contingency plans for the registered manager's potential departure would be drawn up.

People, relatives and staff all told us that the service provided was good. A person said, "I do like it here, staff are very good, they work hard and it is well organised". A relative said, "Although the registered manager is not here all the time, (name) is and I can go to them with any concerns". Relatives we spoke with also told us that they felt the service provided was well-run.

Staff told us they felt supported by the managers. One staff said, "I am happy working here, and feel everything is done for the benefit of the residents". Staff told us they saw the registered manager regularly in

the home but in her absence they could access the deputy for help and advice when the manager was off duty. We saw that systems were in place for staff to attend staff meetings, obtain support and reflect on their care practice.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "If I thought colleagues were not working safely or people were not being cared for properly I would whistle blow". Staff told us they regularly went through procedures such as whistleblowing to aid their understanding.

People told us that meetings with them and their relatives did take place to determine their views about the service. The registered manager obtained feedback via quality meetings with people and relatives, they also used surveys. The registered manager told us survey returns and attendance at meetings was low. We saw that feedback from the last surveys was positive; for example a relative commented that they were 'Happy with the care and staff were respectful'. The provider was considering a 'comments box' and introducing surveys built around themes so that more specific questions could be asked in the hope that more detailed feedback was obtained from people in order to continually respond to their needs.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. The provider had not been asked by us to complete 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.

Providers are required to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. During our inspection the ratings were not displayed. The registered manager and NI were not fully aware of this requirement. The NI told us that they would rectify this immediately. Following our inspection they sent us evidence that their ratings poster was displayed within the home. The registered manager had displayed the last inspection report albeit that this had been temporarily removed from the wall, which was rectified during the inspection.