Bupa Care Homes (Bedfordshire) Limited

Ridgeway Lodge Residential Home

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?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 26 February 2015 and was unannounced. When the service was last inspected in April 2013 we found that the provider was meeting all their legal requirements in the areas that we looked at.

The home provides accommodation for up to 61 older people, some of whom are living with a diagnosis of dementia. At the time of this inspection there were 55 people living at the home.

The home has a registered manager as is required by the CQC. 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 safe at the home. Staff were aware of the safeguarding process. Personalised risk assessments

Summary of findings

were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They were trained and supported by way of supervisions and appraisals.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Staff were kind and caring and protected people's dignity. They treated people with respect and encouraged people to be as independent as possible. They supported people to follow their interests and hobbies.

Information was available to people about the services provided at the home and how they could make a complaint should they need to. People were assisted to access other healthcare professionals to maintain their health and well-being.

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. There was an effective quality assurance system in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Good

Is the service caring?
The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Visitors were welcome at any time.

Good

Is the service responsive?
The service was responsive.

People were supported to follow their interests and hobbies.

There was an effective complaints policy in place and complaints were responded to quickly.

Satisfaction surveys were carried out with people and their relatives.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place.

The manager was visible and approachable.

There was an effective quality assurance system in place with relevant information provided to the provider's Board.

Good

Ridgeway Lodge Residential 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.

This inspection took place on 26 February 2015 and was unannounced. The inspection was carried out by a team of two inspectors 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. They had experience of caring for an elderly person and a care home environment.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the home, such as notifications and information about the home that had been provided by staff and members of the public. A notification is information about important events which the provider is required to send us by law. We also reviewed

During the inspection we spoke with nine people and four relatives of people who lived at the home, eight care workers, the activities co-ordinator, the cook and chef manager, the home manager and the provider's Area Manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using 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 with us.

We reviewed the care records and risk assessments for seven people, checked medicines administration and reviewed how complaints were managed. We also looked at four staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe and secure living at the home. One person told us, “They are very well organised and I feel safe.” We spoke with four relatives of people who used the service. They told us that they had no concerns about people’s safety. One relative said, “[Relative] can sit in [their] own room and I know it is a secure floor.” Two relatives said that people’s belongings occasionally went astray but were always returned and it was not a problem.

We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff told us, “I have had the training I need on it.” Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider’s arrangements to protect people were effective.

There were personalised risk assessments in place for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that, where people had been assessed as at risk of falling, a falls diary was kept and the cause of any fall was recorded. The falls were also recorded in the incident and accident log and in the handover book. Analysis of the falls diary enabled the staff to take steps to reduce the risk of a person suffering a further fall. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people’s risk assessments, their daily records, entries made in the handover book and by talking about people’s experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of corridors for obstructions. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained with it remained current. These enabled staff to know how to keep people safe should an emergency occur.

Accidents and incidents were reported to the manager. We saw that they kept a record of all incidents, and where required, people’s care plans and risk assessments had been updated. The records were reviewed by the manager to identify any possible trends to enable appropriate action to reduce the risk of an accident or incident re-occurring to be taken.

There were enough qualified, skilled and experienced staff to meet people's needs. People who used the service told us there was always staff available to help them. One person told us, “Staff come and have a chat with me.” Staff we spoke with felt that there was enough staff employed at the service to safely care for people. One member of staff told us, “There are generally enough staff.” Another said, “There are definitely enough staff. Today is busy but we can cope.” The manager told us that they had not had to use agency staff for a year as they had recruited additional staff they could call on if needed. One carer had called in sick on the morning of this inspection and another staff member arrived to cover their shift. During the inspection we monitored the time staff took to answer when people pressed their call bells for assistance. We noted that all calls were answered promptly.

Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at two staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory criminal record checks. Evidence of their identity had been obtained and checked.

There were effective processes in place to manage people’s medicines. One relative told us that they were happy that their relative’s medicine was always dealt with correctly. Medicines were stored securely and there was a system in place for the management of controlled drugs. Checks showed that the amount in stock was recorded correctly. Medicines administration records (MAR) we checked were completed correctly. We observed a medicines round and saw this was done in accordance with safe working practice. Staff sought consent from people before

Good

Is the service safe?

medicines were administered and ensured that people took their medicines correctly. Appropriate processes had been followed where people needed to be given medicine without their knowledge and consent. MAR sheets were signed after medication had been administered and staff were knowledgeable about medicines that had special instructions for administration. Protocols were in place for medicines that were to be given on an 'as and when needed' (PRN) basis. Audits of medicines were completed regularly as part of the quality assurance programme.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person told us, "They are very good. I had a very young carer yesterday to help me with my bath and I thought to myself "oh dear" but she was excellent, much better than I expected." Another person told us, "I'm very happy here and the staff look after me very well."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. This was supported by records we checked. One member of staff told us, "The training is really good. I have learnt a lot from the training. For example it's told me about different types of dementia I didn't know." Another said, "I did a full weeks induction, it was really good here. I was allowed to tell them when I felt comfortable." Staff gave examples of training they had received, such as manual handling, infection control and safeguarding. One staff member told us, "Manual handling training was very good. They taught me a good way to do it without hurting my back." A Team Leader told us, "The care plan training was very helpful. I look at them from a different point of view."

Staff also told us that they received regular supervision and felt supported in their roles. One member of staff told us, "I had an appraisal at the beginning of the year and supervision is about twice a year." Other members of staff told us that they had supervisions, "every couple of months." Staff were able to discuss the training they had received and any that they wanted to maintain or improve their skills during their supervision meetings. This meant that they were supported to enable them to provide care to a good standard.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. One member of staff told us, "You start from a position of assuming capacity." Although not all staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the delivery of care. Authorisations of deprivation of liberty were in place for people who lived in the secure unit as they could not leave and were under continuous supervision. People told us that staff always asked for their consent before delivering any care. One staff member told us, "You ask the person and check they are comfortable with it."

People told us that they had plenty of choice of good, nutritious food that they liked. One person told us, "I like the food. There is always a nice selection." A relative told us, "The meal times are just like going to a restaurant." We observed the lunch time experience for people who lived at the home. The tables were nicely presented and people were asked what meal they would prefer and whether they wanted all the vegetables that were on offer. People were offered a selection of drinks; juice, squash or water with their lunch and there was a fresh fruit bowl on each table. Staff understood that people's needs for assistance to eat their meal fluctuated from day to day. They checked with people as to whether they required assistance or wanted to eat independently. Where assistance was required this was provided in a way that enhanced the meal time for the person and staff encouraged them to eat where necessary. Some people had chosen to eat their meals in their rooms and we saw that staff assisted them to do so.

People's cultural, spiritual and religious dietary requirements were identified and addressed within their care records. The kitchen staff were made aware of people's dietary requirements and they catered for these. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake that provided detailed information on what they had consumed. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. One person said, "The doctor comes every Thursday or as and when. It's the same GP I'm used to at home." A relative told us, "They always call the doctor at the slightest sign of anything and let me know." We saw that referrals had been made to the local dietetic service when thought to be necessary and people had been supported to see the optician, dentist and chiropodist.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff. One person told us, “The staff are kind. They are very good.” A relative said, “The staff are really attentive and very kind.” One member of staff told us, “People get good care. I would be happy for a relative to be here.” Another member of staff told us that their relative had applied to live at the home.

Positive, caring relationships had developed between people who used the service and the staff. Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these from the lifestyle plans included in people’s care records and through talking with people and their relatives. The lifestyle plans had been developed in discussion with the people and their relatives to give as full a picture of the person as possible. This information enabled staff to provide care in a way appropriate to the person. We observed the interaction between staff and people who lived at the home and found this to be friendly and caring.

Staff told us that they used body language and other non-verbal forms of communication, such as facial expressions, to understand the needs of people who could not tell them what they wanted. We saw that the staff used people’s behaviour and mannerisms to understand when they were not happy or may have been feeling unwell.

People told us that the staff protected their dignity and treated them with respect. One person told us, “The staff always knock when they come round.” A relative said, They are exceedingly nice here, very caring and treat everyone with dignity.“ Staff members were able to describe ways in which people’s dignity was preserved, such as ensuring that doors and curtains were closed when providing personal care and covering people when helping them to wash. Staff also ensured that when assisting people to get dressed, the person’s choice of clothing was respected.

Staff told us that people were encouraged to be as independent as possible. We saw that one person, who had a physical disability, was determined to peel a piece of fruit for themselves and the staff encouraged them to do so.

People told us that their relatives were free to visit them at any time. One relative told us that the home had, “open door visiting.” Another relative said, “Visiting is open hours with no restrictions so I can just come and go as I please.”

Good

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in deciding what care they were to receive and how this was to be given. They had been visited by the manager who had assessed whether the provider could provide the care they needed before they moved into the home. The care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people with specific needs. People told us that they or their relative were involved in the regular review of their care needs and we saw evidence that relatives were kept informed of any changes to a person's health or well-being.

People told us that they were supported to maintain their hobbies and interests. One person told us, "I like doing the games and quizzes." Another person said, "There is something going on most days. I don't get bored." One person showed us the crochet work they were doing and told us this was for the fund raising at the home.

The care records included information about people's hobbies and interests. There was a schedule of planned activities available in the entrance hall so people and their relatives could plan their time. This included coffee and sherry afternoons with a sing-a-long, bingo and a film club. We observed that people were offered one to one support throughout the day, although only three people were watching the film being shown in the morning at the film club. People enjoyed each other's company and spent time chatting to each other, particularly in the tea room where they did cross word puzzles together and enjoyed their afternoon tea.

There was an effective complaints policy in place and notices about the complaints system were on display around the home. People told us that they knew how to make a complaint but had no reason to make a complaint. One person said, "My [relative] and the manager sort out any minor issues." A relative said, "I have no complaints." We looked at the complaints record and saw that complaints were responded to in accordance with the provider's policy. One complaint we looked at had been investigated and a response sent to the complainant within three days. Another complaint had been in regard to items of clothing that had gone missing. These had been located and returned to their owner but as a result of the investigation it had been determined that additional assistance was required in the laundry to ensure that such errors did not continue. The laundry assistant's hours had subsequently been increased. This showed that the provider had learned from the complaint and amended the service provision to reflect the learning. The Area Manager told us that they would often telephone a complainant to discuss their complaint and make sure they were happy with the outcome of it.

People told us that they could talk to staff if they had any concerns. One person said, "I could talk to staff if I was worried about anything. They are quite good." A relative told us, "If I see anything I just talk to or email the manager and they sort it out straightaway." Relatives were invited to attend regular scheduled meetings and the manager had recently written to all relatives to remind them of the dates for these meetings. The manager told us that they had an open door policy for people or their relatives to talk with them of any concerns they may have. They also offered an appointment system for relatives if this was more convenient for the. The manager had recently written to people's relatives to remind them of the meeting dates and their availability to talk.

The manager showed us local satisfaction survey forms that had been sent to relatives of people who lived at the home. All of the results were positive and there were no suggestions for improvements that could be made to the home.

Good

Is the service well-led?

Our findings

People and their relatives told us that they found the manager to be very approachable. Relatives told us that they had no difficulty in raising issues with the manager and that any issue raised was always attended to promptly. During our inspection we saw that the manager walked around the home frequently and had a good rapport with people and the staff. They were aware of what was happening and which staff were on duty in each of the units. There was a very friendly, open atmosphere about the home. People told us that they felt very "at home". One person told us, "I love my flat." A relative said, "[Person] has settled in because it is quieter surroundings here."

The staff also told us that they were aware of their roles and responsibilities and the management team was approachable and supportive of them. One member of staff told us, "I love it here. I can go to [the manager] at any time." Another said, "I feel supported, especially from the manager and Head of Care."

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Records from a recent meeting showed that staff had discussed record keeping, and detailed information on the dietary requirements of individuals. This had enabled staff to offer people appropriate diets to meet their needs. Staff also discussed any learning that had been identified from analysis of accidents, such as falls, and complaints at these meetings as well as the provider's policies, visions and values. .

There was an effective quality assurance system in place. Quality audits completed by the manager covered a range of areas, including infection control, care plans and medicines management. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed.

The manager showed us the monthly report they completed which was submitted to the Area Manager and the provider's head office. This reported on four key quality themes, quality of care, quality of life, quality of leadership and management and the quality of the environment. The report covered areas such as home acquired pressure ulcers, nutrition, medicines and customer feedback. The monthly report for January 2015 showed that in the previous six months there had been seven concerns raised and 26 compliments received about the service.

The Area Manager explained that they were automatically alerted about any safeguarding concern, complaint or incident and followed these up with the manager at the home. They told us that they were in daily contact with the manager and visited the home frequently. These visits were often unannounced which enabled them to gain a true picture of the home. The Area Manager went on to explain how a high level quality assurance report was considered by the provider's Board and a quality matrix produced a report of all top level risks which was considered by the provider's Operational Executive Team. This enabled the most senior management in the provider's organisation to be aware of significant events at the home.

We saw that in addition to the quality audits the manager carried out regular walks of the floor and produced reports and action plans following these. We saw that these walkabouts covered areas such as cleanliness, dignity, respect, involvement and people's dining experience. The manager spoke with staff and people who lived at the home during these walks to gain their feedback which was documented in the records.

We saw that there were robust arrangements for the management and storage of data and documents. People's written records were stored securely and data was password protected and could be accessed only by authorised staff.