

## Barchester Healthcare Homes Limited

# Ritson Lodge

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ritson Lodge is a residential care home providing personal and nursing care to up to 60 people aged 65 and over. At the time of the inspection there were 30 people, some were living with dementia. It is a purpose-built care home consisting of three separate wings; Seabreeze (nursing care), Seashore (residential) and Memory Lane (dementia care), each of which has separate adapted facilities.

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

Since our last inspection, there was now clear leadership and stability in the home. A registered manager was in post and had acted to address the previous shortfalls. This involved making improvements to governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines. Under their leadership there had been an overhaul of people's care records and supporting documentation. This was ongoing to address inconsistencies with language. Improvements had been made in the home to ensure people received safe quality care. These need to be sustained, maintained and fully embedded into the culture of the home.

Feedback from people, relatives, staff and professionals was positive about the registered manager and the direction they were taking the home. Improved governance and oversight arrangements were in place, including quality assurance and risk management systems with clear accountability.

People were treated with kindness, respect and compassion. Staff demonstrated an understanding of people's individual needs and how to meet them. People's privacy and dignity was consistently respected, and their independence promoted. They were encouraged and enabled by staff to pursue their hobbies and participate in activities of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had access to healthcare services to maintain their health.

Risks to people's health, safety and welfare were managed well. Staff were aware of risks to people's safety and how to respond appropriately through safeguarding processes. We have made a recommendation in the management of people's medicines.

Staff received training, support and supervision to care for people safely. The environment met the needs of the people who lived there, and the home was clean and hygienic throughout

The registered manager and the provider's senior management team have actively engaged with CQC; sharing information including progress updates and ongoing developments at Ritson Lodge since the last inspection.

### Rating at the last inspection and update

The last rating for this service was inadequate (published 29 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We met with the provider in January 2019 to discuss their action plan and progress to date.

The service has been in special measures since 29 December 2018. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within that time frame. During this inspection we were encouraged by the progress the registered manager supported by the provider had made within the home to improve the safety and quality of care provided. Ritson Lodge is no longer rated as inadequate overall or in any of the key questions and is therefore now out of special measures.

During this inspection the provider demonstrated that improvements had been made. The service is no longer rated inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This was a planned based on the previous rating.

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Ritson Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by three inspectors, one of whom was a pharmacist inspector from the medicines team, a specialist advisor in nursing care 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.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps us support our inspections. We used all this information to plan our inspection.

#### During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with seven people who lived in the home and 10 relatives about their experience of the care provided. We spoke with the registered manager, the clinical governance lead, 13 members of staff, from the nursing, care, catering and domestic teams and regional representatives from the provider including a director and manager.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the accident and incident information, nurse's validation and medicine review information we had requested. We received electronic feedback from one relative about the care provided and four professionals about their experience of working with the home.

## Is the service safe?

### Our findings

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

At the last inspection this key question was rated as inadequate and we found a breach of Regulation 12, safe care and treatment. This was because systems for the safe management of medicines were not robust and risks to people's health, safety and welfare were not managed effectively which placed people at risk of harm. At this inspection we found previous shortfalls had been addressed and this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- At our last inspection we identified concerns regarding the management of risks to people. People's care records were not being regularly reviewed, lacked clear information and/or contained conflicting information for staff to follow. This had resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the home was no longer in breach of the regulation.
- The provider and registered manager had made significant changes following our last inspection, this included no longer providing intermediate rehabilitation care for people discharged from hospital. This meant the level of complex nursing need, dependency and risk had significantly lessened.
- People's care records now included comprehensive risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, specific medical conditions, moving and handling, pain relief and nutrition. This information was accurate, regularly reviewed and updated when needs changed. Records were securely stored and available to relevant staff.
- Improvements had been made to the assessment and management of wounds. Nursing staff had good knowledge of the preventative actions to take and how to effectively manage wounds. People's care records guided staff on the actions to take regarding wound care. The registered manager and clinical lead carried out regular audits including monthly analysis to oversee that appropriate arrangements were in place.
- Improvements had been made to the management of falls. Records reflected appropriate referrals were made to relevant professionals such as the falls team and their guidance acted on. Falls were analysed monthly by the management team to identify trends and patterns and reduce reoccurrence.
- People told us they felt safe living at Ritson Lodge. One person during the testing of the fire alarm said, "Did you just hear the fire alarm? That makes me feel safe." Another person talking about the staff commented, "I leave my door open and staff often pop their heads in to see if I want anything. The staff and the environment make me feel safe and my family are pleased that I'm settled here."
- Environmental risks had an associated risk assessment which guided staff how to mitigate risks within the home. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.
- Improvements had been made in the systems intended to keep people safe from abuse. Staff confirmed they had received further safeguarding training and the topic was regularly discussed in supervisions and in

team meetings. They were able to describe ways to prevent avoidable harm. There was visible safeguarding information for people, relatives and staff on how to report concerns throughout the home.

- Relevant professionals confirmed appropriate referrals were made and that the high volume of safeguarding's and whistleblowing concerns had significantly reduced since the registered manager had been appointed.

#### Using medicines safely

- At our last inspection medicines management was not always safe. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we saw improvement and the provider was no longer in breach of this regulation.

- Records were accurate showing that medicines were given to people as intended by prescribers. Staff audited medicines regularly and there was a system in place to report incidents and investigate any errors.

- We observed that staff followed safe procedures when giving people their medicines. Staff had received further training and had their competence to handle and give people their medicines regularly assessed.

- Medicines were stored securely and at appropriate temperatures and medicines with short shelf-lives were appropriately handled.

- Information available for staff to refer to was more detailed to ensure medicines were given appropriately and consistently.

- There were some minor issues that were discussed with the registered manager during the inspection which they acted on. This included addressing gaps in documentation for medicines prescribed for when-required use and ensuring professional advice is always taken for each medicine prepared and given to people mixed in food or drink.

#### Staffing and recruitment

- At our last inspection the deployment of staff was not always effective to meet people's needs. At this inspection improvements had been made. The registered manager regularly reviewed the staffing levels, in a systematic way, to ensure that there were enough staff with the right skills and experience to meet the individual needs of the people who lived in the home. Shifts were better organised with effective communication so that nurses and care staff were clear on their responsibilities.

- People told us that their requests for assistance, including when they used their call bell, were responded to promptly. One person said, "I press [call alarm bell], they [staff] come it's as simple as that."

- The provider continued to have effective systems in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

#### Preventing and controlling infection

- People and relatives were complimentary about the cleanliness of the home. One person said, "It's clean and tidy and always smells nice." One person's relative said, "I have no complaints even when [family member] or others living here have the odd accident it's dealt with quickly so there is no smell. It doesn't smell like a hospital either and that's important as it's a supposed to be a home."

- Infection control measures were in place. Staff washed their hands between care tasks and when moving from one activity to another. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination. Cleaning and tidying were ongoing throughout the inspection visit by housekeeping staff who were notified by staff if incidents occurred.

#### Learning lessons when things go wrong

- An improved reporting system for accidents and incidents had been implemented. Details were logged

and recorded with appropriate actions taken to reduce the risk of re-occurrence.

- The registered manager reviewed events in the home, discussed these with staff and analysed them to identify if there were any trends or patterns to mitigate risk. Their findings were reported to the provider on a regular basis to ensure there was oversight and governance in the home.

# Is the service effective?

## Our findings

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

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

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

- At our last inspection we found concerns with how people were safely supported with their nutritional needs. Not everyone had a positive meal time experience and risks to some individuals had not been properly assessed, monitored and managed to ensure they were supported to eat and drink enough. This had resulted in a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the home was no longer in breach of the regulation.
- People enjoyed a positive meal time experience and were supported to have enough to eat and drink and to maintain a balanced diet. Staff who supported people to eat were focused and encouraging, assisting them to eat safely and with dignity. One person's relative said they were impressed that their family member's crockery looked the same as everyone else's but was plastic to meet their specific needs. They felt it was good that their family member's needs were met in such a subtle way.
- People's nutritional needs were appropriately assessed and where required included input from relevant healthcare professionals. People's care records reflected that appropriate referrals had been made and the advice documented and acted on, such as with weight loss.
- Where food and fluid charts were required these were completed. The charts showed a target fluid intake had been set for people and they were reaching the minimum requirement and usually exceeding the target.
- People and relatives were positive about the quality of the food provided, variety of choice and how personal preferences were accommodated. One person said, "There's always a choice. At lunchtime, two starters, two or three mains and two or three desserts. I eat all my meals in here [bedroom]. I usually have porridge, toast and tea for breakfast and I'm now on nutritional drinks to build me up. Sometimes if I don't fancy a big meal or what's on the menu, I'll have beans on toast or sausages. The staff come around in the morning to see what you want for lunch and tea, but I believe you can always change your mind. The chef comes around occasionally to ask whether I am happy with the food and if there's anything I would particularly like. I'm very happy with the service I get."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we were not confident that people's consent to care and treatment was always sought in line with current legislation and guidance and there were inconsistencies in people's care records regarding decisions they could make themselves and where they needed support. At this inspection improvements had been made.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. They consistently asked for people's consent before providing any care or support. One person said, "Staff are pretty good generally. They are respectful and always check I'm okay when they move me or do anything."
- Staff were alert to all forms of communication including nonverbal expression and vocalisation and adapted their approach in line with the person's expressed wishes.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.
- DoLS had been applied for where appropriate and were overseen by the senior management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Prior to people moving into the home, a comprehensive needs assessment in line with best practice was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the home could meet the person's individual needs and to inform their care plan.
- Staff worked with external bodies and professionals where needs had been identified, to manage risks in line with recognised best practice. This included making appropriate referrals and acting on the advice provided from the GP, the falls team and speech and language therapists.
- People were supported to maintain good health. They had regular access to relevant healthcare professionals and records documented who had visited and any action taken. One person said, "The staff usually suggest you see a doctor if they have concerns." Relatives told us they felt health care professionals were appropriately called and they had been updated when their family member became poorly

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and knowledge to support them. One person said, "The nurses are most definitely [well trained]. If there are new staff, they come around with the experienced ones to train them. The new people watch what the familiar staff do for me. The young ones can sometimes be nervous, so I tell them how I have things done and we soon get on okay." Another person commented, "I see them [staff] moving people and it looks like they know what they're doing."
- Staff gave positive feedback on the training and support in place at Ritson Lodge. The provider had a comprehensive training programme and staff described how they could work through different levels, from introductory courses through to the in-house 'care practitioner' award.
- Nurses were supported with revalidation by senior staff and had access to relevant clinical skills training. This included diabetes care, tissue viability and recognising and verifying death.

- Since our last inspection, regular competency checks had been carried out on the nurse's clinical skills by the registered manager and clinical lead. Care staff had their performance assessed and this included observations of their work on shift and reflective discussions of their practice in supervisions.

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

- The design and layout of the home and garden was accessible and appropriate to meet people's needs. Pictorial signage was in place to aid orientation around the home and people's bedrooms were personalised. There were communal areas, such as lounges, dining rooms and other spaces throughout the home, where people could meet with their friends and family, in private if required.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We were not assured that people's privacy and confidentiality were always respected. At this inspection we found the shortfalls had been addressed and this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt the staff were mindful of people's dignity and respected their privacy. They shared examples of how the staff communicated with them privately to maintain confidentiality.
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff were considerate of people's appearance and what was important to them. One person said, "It matters very much to me that I look smart and I am clean shaven." Details regarding people's preferences on how they wanted to look and what they wanted to wear were recorded and followed.
- Staff encouraged and enabled people to be as independent as possible. One person said, "I'm looked after exactly how I want to be. It is on my terms. They [staff] help me when I need it. They know my routine and that I try to do most things myself but when I can't manage they step in."
- Staff were observed to support people walking with a mobility aid to do as much as possible for themselves, they checked the person was safe and comfortable whilst moving.
- People's care records promoted independence and guided staff on how to maximise people's ability by encouraging them to do as much as possible with support if needed. For example, one person's records reflected, "(Name of person) is able to brush [their] own hair if given the brush."

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

- People told us that the staff were compassionate, kind and caring towards them. Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. One person commented about their positive relationship with the staff, "We have a laugh. I get on with most of them. Yes, all the staff know me, well I chatter a lot and we just get on." Another person said, "I've been here a number of years and the staff know me very well. Even though there've been lots of changes of staff during my time here, they've always been kind and caring."
- Positive and caring relationships between people and staff were seen throughout the inspection. Staff knew people well and could adapt their communication and approach to meet the needs of each person. One person shared with us how staff understood the importance of physical contact and the positive impact this had on their well-being, "The regular staff will often give me a cuddle which I enjoy. You don't get touched much as you get older and their [staff] kindness and care it means a lot."
- Relatives and visitors were complimentary about the staff and their approach describing them as 'really caring, friendly and compassionate'.

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

- People and their relatives where appropriate, told us that they were involved in their care arrangements. One person said, "My relatives have been to evening meetings to discuss my care. The staff check on me every hour or so to make sure I'm okay and don't want anything." Another person said, "The staff are all familiar with my care routines and what I need them to do. We talk about it every so often. Doesn't really change." A relative commented that they were supported and included by the staff in making decisions that frequently changed to accommodate the ever changing needs of their family member.
- Staff were knowledgeable about people's life histories, their care and support preferences and how they encouraged people to make decisions about their care.
- People's care records reflected that regular review meetings had been implemented with people and their relatives where appropriate to discuss their care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we found concerns with people's care records. We were not assured that people's documentation was accurate, person centred and guided staff in how to meet their needs safely and effectively. This had resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made in the quality of people's records and the home was no longer in breach of the regulation.
- People's care plans were personalised and included up to date information for staff on how best to support them with their assessed needs. These were regularly reviewed and amended when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. Some care plans included useful descriptions of medical terms such as sepsis to support staff in recognising the signs for those people who had been identified as high risk.
- People's records reflected their beliefs, values and preferences and included specific details like favourite colour clothes and how they liked to wear their hair. Occasionally they included direct quotes from people which demonstrated value and meaning to the person's voice and a collaborative approach to care. However, there was limited information given about wellbeing and social engagement. The home used 'Getting to know me booklets' but not all the ones seen had been completed. The registered manager explained that this was a work in progress and was being addressed.
- Conversations with staff demonstrated they knew people well on a personal level. People confirmed they had choice and control in the care they received, which was in line with their wishes. One person said, "The staff all know me and how I like things done."
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. People told us staff had time to chat with them.
- People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. For example, one person who was previously a florist continues to make floral arrangements which were used throughout the home. Another person continued to knit squares for blankets. One person told us, "At first I felt bored, but I soon got into the swing of things. The staff were very good [at encouraging me]. I do like time in my bedroom to read and watch the T.V. I always have a book on the go. I enjoy quiz shows. I generally join in the activities. I'm going upstairs for the flower arranging this afternoon. Oh, look here comes the [Pet therapy] dog. The dog comes every week. I do love seeing him as I always had dogs when I was at home."
- People were encouraged and supported to take part in caring for their home. The sense of achievement

people gained from having their efforts recognised promoted their wellbeing and sense of belonging. This, included helping staff with setting the table for meals, tidying up and cleaning their bedroom. One person told us how they enjoyed delivering the newspapers to other people living in the home. They said, "I have a badge that say's I'm a helper. I'm pushed around with the newspapers on my knee with staff of course and deliver them to all the units. We go up in the lift over there." Laughing they continued, "I get paid with ginger biscuits I love doing it."

- The home held events to welcome the wider community including regular coffee mornings, charity events and plans were in place for a summer BBQ and a piano and prosecco evening. The toddler group that frequently visited the home was well received with one person telling us, "I love it when the babies group come in. The children and young mums are so lovely."

#### Meeting people's communication needs

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

- Accessible communication standards were in place, including provision of information for people in pictorial format and large print. The registered manager advised information could be produced in different languages and formats to accommodate communication needs if required.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the registered manager and staff team were receptive to feedback and shared examples of their views being acted on. One person said, "The home definitely listens to people." Another person commented, "I do feel the home listens. They [chef] served fish and chips every Friday. The fish was very poor quality. I spoke about it and the quality improved. One of the residents didn't like the cereal they [staff] served so asked if they could buy their own. The chef said no problem, so that's what happens. That kind of thing shows a respect for people's wishes." A relative commented, "There has been a lot of good changes brought about by [registered manager]. Staff listen and take on board what the residents and families say. This has improved the communication and understanding between us all."

- Records showed complaints had been managed in line with the provider's procedure.

- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

#### End of life care and support

- When people required end of life care, staff assessed their needs and developed detailed palliative care plans with information about how their symptoms would be managed. These reflected people's individual choices and wishes in relation to their future care. For example, a document to describe the steps staff would take if they developed specific health issues was agreed with them and their family.

- People were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.

- Detailed information was available as to how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed. All care staff had received appropriate end of life training including syringe driver training for the nurses.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. This was because governance systems and quality monitoring of the home was not robust. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

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

- At our last inspection people's health, safety and wellbeing was being compromised in multiple areas and there were breaches of regulation in respect to safe care and treatment, need for consent and person-centred care. There was ineffective governance and poor oversight at manager and provider level which put people at risk of significant harm. This resulted in a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there were no breaches of regulations and we were encouraged by the progress made by the registered manager and provider to make the necessary improvements. These improvements need to be sustained, maintained and fully embedded into the culture of the home to ensure people are consistently provided with a safe quality service.
- Our last inspection was brought forward due to the high volume of concerning information we received about Ritson Lodge. At that inspection the manager had only been in post two weeks and it was too early to see what changes, if any, they were making in the home. Seven months later at this inspection they were still in post and had become the registered manager in April 2019. We found they had been instrumental in bringing about positive changes and much needed stability in the home. This was reflected in the feedback from professionals involved with the home that described improved working relationships and confidence in the registered manager.
- The registered manager explained their focus had been to address the breaches of regulations and make the necessary improvements by 'going back to basics'. They advised that Ritson Lodge had been running at reduced capacity to enable them to improve their practices and procedures. They had appointed several new staff including nurses and had no vacancies. The high reliance of agency care and nursing staff found at previous inspections had significantly reduced to only one night shift a week and this would shortly cease following the recent appointments. Consideration had been given by the registered manager and provider to implement a phased plan to gradually increase the number of beds and level of need in the home following a period of stability with the new team.
- A programme of audits to monitor and assess the quality of the service provided had been implemented and were regularly carried out by the registered manager and senior management team. The outcomes and actions fed into a development plan for the home providing the registered manager and provider with the governance and oversight needed to identify any shortfalls and address them.
- The registered manager showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements that had been

made and were ongoing with staff development, recruitment, safe management of medicines, person centred care, records, governance and leadership arrangements.

- During the inspection we fed back some inconsistencies we had found relating to medicines management and in people's care records. The registered manager explained how their priority had been to ensure people's risk assessments and care plans were accurate and fit for purpose with identified risks safely mitigated. Now this had been implemented the next stage was to support staff development and understanding in using enabling and valuing language in people's documentation and to archive old information to minimise any confusion. This had been identified as a training need and we saw plans were in place to improve this area, refine the language used and embed this throughout the home.
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
- There was an improved open and transparent culture in the home that enabled learning from events and supported reflective practice. This was in line with the provider's duty of candour procedures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There was a notable change in the atmosphere in the home. The staff we spoke with told us there was a positive management structure in place. They described feeling supported and held the registered manager in high regard. One member of staff said, "Staff morale has improved... [hectic] the [registered manager] has steadied the ship as it were. They are approachable and hands on." Another member of staff said about the registered manager, "They are passionate and a stickler for detail, a perfectionist."
- The majority of feedback received from people and their relatives about Ritson Lodge was positive describing an 'improving home'. One person commented, "I think we have more stable management now." A relative commented, "[Registered manager] is very responsive, encourages an open-door policy. People have a rapport with her. She is never locked away. She is taking on board [our] ideas."
- The home benefits from the support of a specialist dementia advisor to oversee the care planning and training, staff we spoke said they feel they are developing their skills in this area and the home is improving its provision for people living with dementia. One member of staff said, "It's the best it's ever been."
- A programme of engagement had been introduced exploring how the home could engage more with the local community. An action plan was in place to develop these links and included several forthcoming activities such as hosting seasonal and charity events.

Continuous learning and improving care; Working in partnership with others

- As part of continual development and investment in Ritson Lodge the senior management team had plans to introduce 'magic tables' in the home. This is interactive games that can help stimulate both physical and cognitive activity and encourage social interaction. They can be used throughout the home including people cared for in bed.
- The registered manager had developed positive relationships with health and social care professionals. Records and conversations with people demonstrated the registered manager had taken on board advice from external organisations and put this into practice.