Hadrian Healthcare (Northumberland) Ltd

Ridley Park

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

The inspection took place on 26 June 2015 and was unannounced.

We carried out an inspection on 2 January 2014, where we found the provider was meeting all the regulations we inspected.

Ridley Park accommodates up to 59 older people, some of whom have dementia related conditions. There were 58 people living at the home at the time of the inspection.

There was a manager in post. She was in the process of applying to become a registered manager with the Care Quality Commission (CQC) in line with legal requirements. She had been the deputy manager since the home opened in November 2011 and had taken up the post of manager in April 2015 when the previous registered manager was promoted to operations director with Hadrian Healthcare. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Summary of findings

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

The home was divided into three units. On the ground floor there was one unit, 'Harbour and Park' for people who required support with personal care. On the first floor there were two units, 'Beaches' for people who had nursing needs and 'Chesters' for those who had a dementia related condition. On the third floor there was a hairdressing and beauty salon, cinema, bar and function room.

We spent time looking around the premises and saw that all areas of the building were very clean and well maintained. There were no offensive odours in any of the bedrooms or communal areas we checked.

Safe recruitment procedures were followed. People and staff told us that there were sufficient staff to meet people's needs although some told us that more staff would be appreciated. We observed that staff carried out their duties in a calm, unhurried manner on the day of our inspection. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who lived there such as dementia care.

We checked medicines management. We found that there were safe systems in place to receive, store, administer and dispose of medicines.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the staff were following the principles set out in the MCA.

We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff.

There were two part time activities coordinators employed to help meet the social needs of people. There was an activities programme in place. The manager informed us that they were going to extend the planned activities provision to cover the weekend period.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. 'Residents and relatives' meetings were held and surveys carried out.

A number of checks were carried out by the manager. These included checks on health and safety, care plans, infection control and medicines amongst other areas. Staff informed us that they were happy working at the home and morale was good.

We found no breaches of regulations at this inspection.

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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

The home was very clean and well maintained. Checks were carried out on all aspects of the environment to ensure it was safe.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed. There were sufficient staff on duty on the day of our inspection, to meet the needs of people.

Good

Is the service effective?
The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

We saw that staff sought people's consent before providing care. Staff followed the principles of the MCA.

The chef and staff were knowledgeable about people's dietary needs.

Good

Is the service caring?
The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Good

Is the service responsive?
The service was responsive.

There were two part time activities coordinators to help meet people's social needs. The manager informed us that they were going to extend planned activities to include the weekend period.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. 'Residents and relatives' meetings were held and surveys carried out.

Good

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

A number of checks were carried out by the manager. These included checks on health and safety; care plans; infection control and medicines.

Staff informed us that they enjoyed working at Ridley Park and morale was good.

Good

Ridley Park

Detailed findings

Background to this inspection

The inspection took place on 26 June 2015 and was unannounced.

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

The inspection team consisted of two inspectors and a specialist advisor who was a nurse and specialist in dementia care. There was also an expert by experience who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with 13 people and seven relatives. We conferred with a reviewing officer, infection control practitioner and social worker from the local NHS trust; a local authority safeguarding officer and a local authority contracts officer.

We spoke with the nominated individual; the manager; deputy manager; one nurse; seven day care workers, maintenance man and chef. We contacted one nurse and four care staff who worked on night duty following our inspection because we wanted to find out how care was delivered at various times of the day. We read six people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) prior to our inspection because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "It's as safe as houses." A relative told us, "I feel safe knowing that when I go, [name of person] is safe."

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse was suspected. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We checked medicines management. We found that the service had up-to-date medicines policies and procedures in place, which were regularly reviewed, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

The manager told us that relevant staff undertook face to face medicines training on an annual basis. She said they conducted annual observations to assess staff's competency when dealing with medicines. These measures ensured that staff consistently managed medicines in a safe way, making sure that people received their medicines as prescribed.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. The controlled drugs book was in good order and medicines were clearly recorded. Staff informed us that a second member of staff always witnessed CD administration.

A monitored dosage system was used for the administration of medicines. This is a storage device designed to simplify administration by placing tablets in separate compartments according to the time of day. We found people received their medicines at the time they needed them. We noticed staff checked people's medicines against the medicines administration records (MARs) and medicine labels, prior to supporting them to ensure they were getting the correct medicines. A current photograph of each person was attached to their MAR to ensure there were no mistakes of identity when administering medicines.

We observed staff explain to people what medicines they were taking and why. Staff also supported people to take their medicines and provided them with drinks to ensure they were comfortable. We heard one staff member say, "Hello [name of person], here's your medicine for your sickly tummy to stop you feeling sick. Do you want a drink to wash it down?" We noticed that staff remained with people to ensure they had swallowed their medicines and signed the MAR after administration.

Where people were at risk, there were assessments in place which described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and evaluated regularly.

Each person had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The plan was reviewed monthly to ensure it was up to date.

We noted that accidents and incidents were recorded and analysed. This procedure helped to ascertain if there were any trends or themes so that action could be taken to help prevent or reduce the likelihood of any further incidents.

We spent time looking around the premises. We saw that bedrooms were spacious and all had en- suite facilities. 'Social hub areas' with seating and facilities to make refreshments were available. In addition, people had access to an on-site café and shop. There were landscaped gardens with private seating areas, a greenhouse and raised planting areas for people to use and enjoy.

We saw that all areas of the home were clean and there were no offensive odours. Staff wore personal protective equipment such as gloves and aprons when necessary. We spoke with an infection control practitioner from the local NHS trust. She told us that she had no concerns about the home relating to infection control.

We checked staffing levels at the home. The manager told us that they used a staffing tool which was linked to people's dependency to ascertain how many staff should be on duty. She stated that they staffed the home at 10% above the levels recommended by this tool. Most people, relatives and staff told us that there were sufficient staff to look after people. One staff member said, "It's fine, it's easy going. Nights are fine as it's very quiet" and another said, "It's quite well staffed" and a third stated, "We have enough time to complete the tasks and we are not rushed." One

Good

Is the service safe?

person who lived in 'Harbour and Park' told us however, that more staff would be appreciated at night. There was one senior care worker and one care worker overnight to support 27 people. We spoke with staff on this unit who told us that although more staff would be appreciated, they were always able to call for help from staff on the other units.

We conferred with one health and social care professional who told us that they considered more staff would be beneficial for people who lived in 'Chesters.' There was one senior care worker and one care worker on duty to look after 13 people. Staff told us again, that more staff would be appreciated to enable them to spend more time with people. However, they were able to meet the needs of people who lived on this unit with the number of staff deployed.

During our inspection we observed that staff carried out their duties in a calm, unhurried manner. There were no organised activities carried out on the day of our inspection because the activities coordinators were off duty.

A number of tests were carried out to ensure the safety of the premises. We checked the equipment at the home which included moving and handling hoists, scales, bed rails and wheelchairs. Regular tests were carried out to ensure all equipment was safe. The manager told us, "I read somewhere that there were more people falling out of slings, so we have instigated a sling check. We now check everyone's sling regularly."

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that a Disclosure and Barring Service check had been obtained. This was previously known as a Criminal Records Bureau check (CRB). In addition, two written references had been received. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

Good

Is the service effective?

Our findings

People and relatives told us that they considered that the service effectively met people's needs. Comments included, "I have a good relationship with all the staff. They are so good. I am glad I chose this Home. It has lived up to my expectations," "The staff cannot do enough for you. My mother is very comfortable here" and "My mother had suffered from a stroke. The staff are so good at communicating with me if there are any changes in her condition."

Staff told us that there was training available. Comments included, "I'm doing MCA and DoLS at the minute and care plan training," "I've done dementia, end of life and nutrition. Dementia training makes you think about how to approach people to provide more person-centred care," "I want to move into management soon and am taking training to do so," "The training is very good. I'm doing Level 3 management," "The training is the best I've had. You can ask for extra if you want it. The distance learning courses are brilliant as you can fit them in when you want to," "Fantastic, the training is brilliant," "Training is second to none, my team know everything they need to know" and "We're up on the training here and if ever I want training they will ask what I want to do. We're looking at specific courses such as catheterisation, bloods, sub-cutaneous fluids and compression bandaging." The manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people who lived there such as dementia care.

Staff told us and records confirmed, that they undertook induction training when they first started working at the home. One staff member said, "I had a lot of the basics as I was an agency nurse here. I had three supervised shifts with the registered manager and could have had more if I'd wanted them." This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us that they felt supported by the manager and senior staff team. Regular supervision sessions were carried out and staff had an annual appraisal. One staff member said, "I have supervision every six to eight weeks. We discuss safeguarding, training, concerns on the unit and general things." Supervision and appraisals are used to review staff performance and identify any training or support requirements. This meant that staff were being offered support in their work role, as well as identifying the need for any additional training and support.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. We noted that the manager was sending DoLS applications to the local authority to authorise in line with legislation.

We noticed that mental capacity assessments had been carried out. We saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. Staff were knowledgeable about the principles behind the MCA and best interests decisions. Comments included, "It helps make sure clients live as independently as they can and can make their own choices, maintain their beliefs and involve the family" and "Best interests meetings help maintain their wishes and what they would have chosen to happen." This meant that people's rights to make particular decisions had been protected as unnecessary restrictions had not been placed on them.

People told us that staff asked for their consent before carrying out any care or treatment. One person said, "I'm very independent but I can always ask for help and the staff always ask before they provide me with help." We observed that staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions and listening to their views about what they wanted. We found that people's care records had a consent form and these had been signed by the person or their relative or representative if they were unable to sign.

Most people were positive about the meals at the home. One person told us, "They know I like small portions." Another person stated, "You always get a good selection of food here." However, a third said, "This is a beautiful place. Everything is nice and clean but the food is mediocre." People told us that they ordered their meal choice the previous day. However, three people told us that they forgot what they requested. Comments included, "I always forget so it's always a surprise" and "I never remember and sometimes when the food comes I fancy something else."

Good

Is the service effective?

The manager told us that people could always have something different if they changed their mind or did not like what was on the main menu. This was confirmed by people with whom we spoke. One person said, "I don't eat much so I'm having a cheese toastie. I used to have cheese on toast but [name of staff member] suggested I try a toastie and I think I prefer them."

We read the results from the most recent 'resident satisfaction survey.' One person had stated that there was not enough time to eat the food. In response to this feedback we read that the manager had stated that meal times were not rushed and there are no set timescales. The issue was going to be discussed at the next 'residents' meeting.' We read that 87% of 25 people surveyed had rated the catering as "excellent/very good/good."

We observed the lunch time period. The food was well presented and hot and cold drinks were available. We saw that some people required pureed meals. We noticed that each part of the meal was pureed separately and placed on the plate in distinct portions to make the meal look more appetising and help people to distinguish what they were eating.

Staff had an awareness about people's dietary preferences and nutritional needs. We observed people being served and supported at lunch time. We saw staff assisting some people to eat because they were unable to eat independently due to their complex needs. We saw staff called the person's name and gently explained what they were doing and encouraged the person to eat. Staff were patient and gave people the time to appreciate the flavour and texture of their food. We heard staff asking people, "Is that nice?" "Can you manage?" "Have a taste," "There's your spoon," "Do you want a drink?" "Are you finished?" "Have another try, have a taste, have a little rest and try again" "Are you enjoying it?" and "Is that alright for you [name of person]? I know you like small portions."

People were able to help themselves to drinks from the café and snacks and drinks were also available in the dining room. We heard one person ask for a bottle of water. The staff member said, "It's better if you get one from the fridge because it will be cooler for you."

We spoke with the chef who told us that he had received written information about people's likes and dislikes and any special diets people required. This meant there was good communication between care and catering staff to support people's nutritional well-being. He told us that he had an adequate budget and could order sufficient food to meet people's needs. He said one person had asked for a prawn omelette the previous week and he was able to buy a portion of prawns at a local shop to make this. One staff member told us that she was working with the chef to improve the quality of the diabetic and pureed meals. She said, "I'm working on it with the chef to make the meals more appealing to the eye and so that people who have diabetes can have diabetic bread and butter pudding and pureed food can be made like a jam doughnut."

We noted that people were supported to access healthcare services. We read that people attended appointments with their GP, consultants, community psychiatric nurses, dentists, opticians and podiatrists. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments included, “The staff are great,” “The girls are really nice to me,” “The caring here is of a very high standard. I am very impressed,” “The caring here is fantastic. My mother is happy and settled,” “We are really well looked after, nothing is a bother,” “I couldn’t be anywhere better” and “The staff are great, they work damned hard and we have a laugh.”

‘Residents and relatives meetings’ were held. We read at the most recent ‘residents meeting’ which was held on 23 June 2015. This stated, “All residents were very happy” with the provision of care.

We saw 11 compliments received since January 2015. Comments included, “You should be very proud of what you do because you are the absolute best” and “Thank you for all the lovely things you do to care for [name of person] and ensuring [name of person] always feels happy and content. Your personal touch, attention to detail and professionalism are and always will be held in my high regard. Bless the day we found you.”

We observed that people appeared happy and looked well presented. We saw staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. We saw one person singing and doing a funny walk in the corridor and they persuaded the manager to join in with them which caused a lot of laughter.

We found that staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We found that people’s privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people’s life histories which had been developed with people and their relatives. This information supported staff’s understanding of people’s histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

We saw a ‘Getting to know you document’ was included in the care files we looked at. This contained information about people’s preferred routines, what a good day looked like, things that worried them and important memories. We also saw examples of people’s preferences in the care plans which we viewed. One stated, “I attend in house church services, watch TV or read occasionally.” Since the person’s health had deteriorated, we saw that a staff member had recorded, “Asked to see minister in private and declined, staff to put songs of praise on with subtitles.” When we asked a staff member about the person’s preferences she also told us that they carried out the above request. This meant that information was available to give staff an insight into people’s needs, preferences, likes, dislikes and interests, to enable them to better respond to the person’s needs and enhance their enjoyment of life.

Care plans included people’s end of life wishes. This meant that information was available to inform staff of the person’s wishes at this important time to ensure that their final wishes could be met. The manager told us that she had recently taken one person to their relative’s funeral to support them.

We noted that people and relatives were involved in the care planning process. Care plans were signed by either the person or their relative. This meant that people and their representatives were consulted about people’s care, which helped maintain the quality and continuity of care.

Good

Is the service responsive?

Our findings

People and relatives informed us that staff were responsive to people's needs. One relative said, "It's definitely responsive." A health and social care professional told us that staff always contacted her in a timely manner to inform her of any issues or concerns.

Care plans were comprehensive, detailed and gave a good overview of people's individual needs and how they required assistance. From the care plans we looked at, it was clear that people's individual needs had been assessed before they moved to the home. Assessments were used to design plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. We read the results of the most recent 'resident satisfaction survey' which stated that 100% of people had rated the admission process as "excellent/ very good/good."

We read one person's communication care plan. This stated, "Staff to speak slowly, clearly and using short sentences so that [name of person] can understand and give [name of person] time to understand what is being communicated" and "Closing eyes means refusal, expresses communication through smiles or says 'that tastes horrible' and 'no more.'" This individualised approach to people's needs helped staff provide flexible and responsive care.

The care documentation contained a pressure area assessment and care plan. Assessments had been carried out to show if people were at risk of developing pressure ulcers. We saw re-positioning charts in use. Specialist pressure relieving equipment was in place and was set to the weight of the person and checked daily by the nurse. This meant that people's care records contained a detailed care plan to instruct staff what action they should take to maintain skin integrity and showed that people were receiving appropriate care, treatment and specialist support when needed. The manager confirmed that no one at the home had a pressure ulcer.

A staff handover procedure was in place. The manager told us that staff used the daily statement of wellbeing notes and the communications diary to facilitate the staff handover, which showed that people's needs were discussed and communicated when staff changed duty at the beginning and end of each shift. Information about people's health, moods, behaviour, appetites and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

Two part time activities coordinators were employed to help meet people's social needs. There was an activities programme in place. We noted that trips to museums such as the local colliery museum had taken place. A visit to an open air museum was planned for the following month. One person said they enjoyed going to the shops. Another person said, "There are things arranged in the ballroom. I don't know why they call it that because it's just a bar. I sometimes go up if I feel like it." A third person stated, "I'm not really one for activities. I like to read and listen to my music." There were newspapers available in the reception area. One person said, "I get my own [newspaper] because people wander away with them and don't bring them back." One relative took us outside to show us the garden and greenhouse. He said, "A few of the residents tend this greenhouse and grow plants for use in the home." People told us that entertainers such as singers visited the home regularly. One relative told us, "The entertainment is great."

We spoke with the manager about activities provision at the weekend since we did not see any planned activities during this time. The manager told us that they were looking into this issue. She said that care staff supported people with what they wanted to do at the weekend. We read the action plan from the most recent resident survey. One person felt the activities could be improved. We noted in response to this comment, that activities were planned following discussion at 'resident meetings' each month. Another person had commented, "One day some residents went out and I was not included which made me unhappy." We read in response to this feedback that going out was organised on a rotational basis since not everyone could go out at the same time. We noted that 71% of 25 people surveyed rated the activities provision as "excellent/very good/good."

People told us, and records confirmed, that people's spiritual needs were met. One person told us how she went to church each Friday and arranged the flowers for the weekend services. Local church services were also held at the home and Holy Communion was given to anyone who requested this on a weekly basis.

Good

Is the service responsive?

There was a complaints procedure in place. People and relatives told us that they knew how to complain, but were unanimous in telling us that they had no need to make any formal complaints. One person said, "I have a good, casual rapport with the staff and they attend to my every requirement." We noted that one formal complaint had been received within the last 12 months. This had been made by a member of the public about the external waste company which the service used. Records were available which documented the action which had been taken to resolve the complaint. We noted that minor concerns were recorded. One person had complained about the food. We read that the chef had visited him and recorded, "Spoke with [name of person] re food complaint. He said the food in general is good but he has some personal preferences he would like met. The manager stated that the person was now happy with his meals as all staff were aware of his preferences.

We saw a suggestions/comments book in the reception area. We noted that three suggestions had been made in 2015. One person had said they would like to go to the local church once a week and sit and admire the gardens. We saw that this activity was now being carried out.

'Residents and relatives meetings' were carried out. We read at the most recent 'residents meeting' which was held on 23 June 2015. We noted that activities, entertainment, fire safety, laundry, the environment, care and food choices were discussed. No concerns were raised about the care, environment or laundry. Trips out to the theatre, garden centre and beach were discussed and one person requested an alternative to yoghurt on the healthy meal option. A relatives' meeting was held on 24 June 2015. We read that the recent TV documentary 'Dementiaville' was discussed. The manager stated that they were looking at how to implement some of the good dementia care practice which was highlighted during the programme. The changes to the accident and emergency service were also mentioned. The manager had stated, "People who become seriously ill or injured will be cared for at the new Northumbria Specialist Emergency Care Hospital in Cramlington."

Good

Is the service well-led?

Our findings

The service was a purpose built care home and had opened in November 2011. A registered manager had been in place until April 2015 when she was promoted to the role as operations director with Hadrian Healthcare.

The deputy manager who had worked at the home since it opened, took up the post of manager in April 2015 and had applied to become registered manager with CQC in line with legal requirements. A new deputy manager had been appointed.

People, relatives and staff were complimentary about the manager. She was visible at all times during the inspection and walked around the home frequently. It was clear that people had good relationships with her. Staff also said she was very approachable. One staff member said, "[Name of manager] is great and so is [name of operations director]. You can speak to them about anything and they listen." Other comments included, "I always speak to [name of manager] every day, we have heads of department meetings monthly," "All managerial people have made themselves known to me, the principal carers have been an unbelievable support," "[There is] solid management support," "I feel really well supported and I feel they have chosen the staff really well" and "They have an open door policy."

One staff member told us that there had been a "settling in period" while the current manager got used to her new role. The staff member explained that the previous manager had been "excellent" and it would be difficult for anyone to "live up to her standards." She said however, that the current manager was, "doing very well."

Staff told us that they enjoyed working at the home and felt that morale was good. Comments included, "For me on a personal level, I've never had so much time to spend with people, I know the people from the top of my body to the tip of my toes," "I do enjoy it. I have time to give one to one care" and "We work as a team, they never let me down, I feel like part of a little family," "I would not stay here if I were not satisfied in my work" and "I'm happy and content here." We read the results from the latest staff survey results which was carried out in April 2015. 36 staff had completed the survey. We noted that 85% of staff were, "very satisfied or satisfied" working at Ridley Park.

When we asked staff about the culture, vision and values of the home, comments included, "We treat everyone as individuals," "Five star care" and "Individualised care, in a home from home environment." We read the home's brochure which stated, "Ridley Park at Blyth seeks to provide five star accommodation and care for all of its residents. Most importantly, every resident is recognised as an individual and as such we guarantee to provide the highest standard of person centred care to every client."

The provider had achieved the silver Investors in People (IiP) award again in May 2015. IiP is the recognised standard framework by which businesses and organisations can judge their development and working practices.

Regular staff meetings were held with the manager. Comments from staff included, "We have them every two months. I wasn't there for the meeting, but I read the minutes which mentioned the [name of the local authority] monitoring visit, the alarms outside of the doors, putting hoists away and the new paperwork." Another staff member said, "I've been to one meeting where staff were complimented and extra vigilance regarding safety and security were discussed." This meant that mechanisms were in place to give staff the opportunity to contribute to the running of the home, together with communicating key information to staff to ensure standards of care were maintained/improved.

The home had a system in place to assess the quality and service provision called QARMS (Quality Assurance Risk Management System). We noted that checks were carried out on various aspects of the service. Food safety checks were carried out and the manager explained that there was a book in each dining room to record any comments about the meals provided. We found however, that there was no formal system in place to review the quality of the dining experience for people who were unable to verbalise their feedback. Following our inspection we spoke with the manager who told us that she was now eating in one of the units each week to check the dining experience.

The monitoring system included a yearly planner which identified when each element of the assurance system should be carried out. The manager also carried out a monthly report which was sent to the provider. This recorded accidents and incidents, staff disciplinarians, staff

Good

Is the service well-led?

sickness, skin damage, weight loss, infections, deaths and referrals. This report helped ensure that the provider was aware of important events which had occurred in the home and check that appropriate action had been taken.

We noted that the provider's representative carried out regular visits to monitor all aspects of the service. They also carried out focused visits to look in depth at specific areas of the service such as care plans. We looked at the last comprehensive visit which was carried out in June 2015. We read that the provider's representative had thanked staff and commended them in a number of areas. We read one comment which stated, "No complaints, but two compliments in the form of thank you letters written onto thank you cards. Very complimentary of the care given at Ridley Park – well done." The operations director also carried out visits to the home. We read the notes from her most recent visit in June 2015. Issues discussed included the local authority's monitoring visit, staffing, kitchen budget and care planning. We read in a summary of her visit she had stated, "Many visitors present throughout the day – all happy. Good rapport between staff and visitors."