St Philips Care Limited

Ridgeway Care Centre

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

We inspected Ridgeway Care Centre on 4 February 2015. The inspection was unannounced.

At the last inspection on 1 May 2014, we asked the provider to take action to make improvements to the way they managed risks associated with the premises and the completion of care records. These actions had been completed.

Ridgeway Care Centre provides care for up to 32 older people, some of whom may experience needs related to memory loss. It is located in the centre of the town of Lincoln. There were 30 people were living in the home during the inspection.

There was a registered manager in post at the time of the inspection. They were not available on the day of the inspection. The deputy manager and another manager from within the provider's organisation were available. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection two people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People were safe living in the home and they were treated with dignity and respect. They were able to access appropriate healthcare services and nutritional planning took account of their needs and preferences. Their medicines were managed safely.

People were involved in planning the care and support they received and staff respected their views about the way they wanted their care delivered. They were also supported to enjoy activities and interests of their choice.

There was a positive and open culture within the home. People could voice their views and opinions to managers and staff and felt able to raise concerns or complaints if they needed to. Managers and staff listened to what people had to say and took action to resolve any issues.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They received training and support to deliver a good quality of care for people. They understood how to identify, report and manage any concerns for people's safety and welfare. They delivered the care that was planned to meet people's needs and took account of their choices, decisions and preferences. They delivered the care in a patient, warm and friendly manner.

The registered manager and the provider maintained systems to regularly assess, monitor and improve the quality of the services provided for people.

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.

People felt safe living within the home and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise signs of potential abuse and knew how to report their concerns.

There were enough staff with the right skills and knowledge to make sure their needs, wishes and preferences were met.

Good

Is the service effective?
The service was effective.

People had access to appropriate healthcare and their nutritional needs were met.

They were supported to make their own decisions where they were able to. Appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Staff received training and regular support to meet people's needs, wishes and preferences.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and their diverse needs were met.

Their choices and preferences about their care and support were respected

Care and support was provided in a warm and friendly manner.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing and planning for their care needs where they were able to be.

They were supported to engage in activities and interests of their choice.

They knew how to raise concerns and make a complaint if they needed to.

Good

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

There was an open and positive culture within the home.

People were able to voice their opinions and views about the services they received.

Systems to assess and monitor the quality of the service provided for people were in place.

Good

Ridgeway Care Centre

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 was 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 4 February 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home and three relatives who were visiting. We looked at three people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with six staff members, the deputy manager and another manager from within the provider's organisation. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

At our last inspection on 1 May 2014, we found the provider was in breach of Regulation 15 and Regulation 20, HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements to the way they managed risks associated with the premises and the completion of care records. At this inspection we found these actions had been completed.

People said they felt safe living in Ridgeway Care Centre. One person said, "I'm safer here than at home as I was falling, no falls here." Another person said, "I've nothing to worry about here." A relative told us, "I know [my relative] is safe with them [staff]."

Staff provided support in a way that minimised risk for people. For example, they used equipment such as hoists, wheelchairs and walking frames to help people move safely. Staff ensured things like footplates were securely in place on wheelchairs before they moved people. They checked people were comfortable and safe before they left them. We saw staff moving furniture and equipment out of people's way to ensure there were no tripping hazards.

People's bedroom doors had coloured symbols attached to indicate what level of support they required should they need to evacuate the building in the event of a situation such as a fire. The symbols matched the risk assessments in people's care files and staff knew what each symbol meant when we asked about them. Staff also knew about risk assessments for people's other needs such as falls, nutrition and medication, which were recorded in their care files.

Records showed and staff told us they received training about how to keep people safe. For example, they had received training about falls prevention and infection prevention and control. They had also received training about how to keep people safe from abusive situations. Staff demonstrated their understanding of how to recognise abusive situations and how to report them. We know from our records that the manager and staff had worked with other agencies, such as the local authority to address any concerns that had been raised. There was also information around the home to help people and their relatives understand how they could raise issues for themselves.

We looked at three staff files and saw staff had been recruited based on checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. They also underwent checks about their previous employment, their identity and had references from previous employers.

The numbers of staff on duty matched the planned rota. People told us staff were always around to help them. A relative said, "There's always someone at hand quickly to give them whatever help they need." Staff responded quickly to people who requested help and they chatted with people as they carried out their work tasks. However we noted that none of the staff on duty had time to take their work breaks. We found this was due to the levels of work required on the day. For example, one staff member was out of the building for most of the shift supporting a person in hospital and the senior staff member was engaged with medication management for most of the morning shift. Staff told us this was a typical day and there was also an impact on staffing levels one day per week when they had to include laundry tasks in to their schedule. The provider's representative told us they would review the situation to ensure there were systems in place to deploy staff appropriately to enable staff to take scheduled breaks.

Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff carried out medicines administration in line with good practice and national guidance. They told us, and records confirmed, they received training about how to manage medicines safely. People's care plans showed how they wished to be supported with their medication, including when they administered their own medication. However one person's care plan did not clearly record that they administered their own insulin. The deputy manager took steps to address this during the inspection.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their needs, likes and dislikes. One relative told us, "Staff give [my relative] a good quality of life, much better than we could." Another relative told us staff understood their loved one very early on which helped them to settle in to the home. They said, "My mind's at rest now [my relative] is here."

Staff told us they received a varied package of training to help them meet people's needs. Records showed training for needs such as moving and handling people safely, medication administration, first aid and pressure area care were provided. Some staff had worked towards nationally recognised care qualifications and some staff had been trained about sensory needs. The provider had identified a need for staff to receive training about how to provide meaningful activities for people and they had an action plan in place to meet this.

Staff told us and records showed they received regular supervision sessions with senior staff and a yearly appraisal. They told us the registered manager and deputy manager were always available for support and supervision sessions helped them to develop their skills and knowledge.

People and their relatives told us they were involved in decision making about care needs and staff respected their views. Staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who could still make their own decisions. People had assessments and care plans related to their capacity to make decisions and best interest meetings were recorded.

Staff had received training about Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate an understanding of the subjects when we

spoke with them. At the time of our visit two people had authorised restrictions to their freedom of movement in place in order to keep them safe.

Staff asked people for their consent before they provided support. They explained the support to people in a way that they could understand. One person said, "If I'm not ready they'll come back when I am."

People told us they enjoyed the foods that were available to them. One person said the food was "A1 excellent." The chef provided people's chosen meals throughout the day, whether from the menu or their own choices. The chef demonstrated a very clear knowledge and understanding of people's individual nutritional needs. For example, she spoke about catering for people with diabetes, those who required nutritional supplements and those with particular likes and dislikes. She made sure a range of hot and cold drinks were available to people throughout the day.

Care staff also demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to take drinks and weighing people. Records for these needs were completed and up to date including nationally recognised nutritional assessment tools. Where people were at risk of poor nutritional intake staff had made referrals to specialist services. The provider had identified an area for improvement when staff recorded people's weight. An action plan, with time scales, was in place to monitor the improvements.

People told us they could see their GP whenever they needed to. Relatives said they were always informed when their loved one had seen the GP and were kept informed about their health needs. One person told us about having to spend time in bed because they were ill. They said staff visited them frequently to make sure they were alright and to give them some company.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. Staff knew about people's healthcare needs such as their risk of developing pressure sores and we saw they followed care plans for reducing these risks, such as encouraging people to change their seating positions regularly. Staff regularly gave information to relatives who's loved one had fallen that morning and was taken to hospital for treatment. Information was available for people about healthcare need such as eye care and memory loss.

Good

Is the service caring?

Our findings

People told us their views about the staff such as, "Nothing is too much trouble for them", "I can't fault them" and "No doubt about it they are very caring." One relative told us, "It does not have a typical care home atmosphere, it is a happy, caring place." Another relative said, "It's a big consolation to me how they look after [my relative]."

Staff took time to chat with people about their family, their lives and other day-to-day issues. When they spoke with people they maintained good eye contact and made sure they were at the same level as the person. For example, if the person was seated the staff knelt down so they could talk face to face with them. They spoke with people in calm and gentle voice tones.

When staff were moving through different rooms they always cheerfully acknowledged people and made time to respond to people if they needed anything. We saw one staff member, who was passing through the dining room on her way to complete another task, stopped what she was doing to help a person find their missing false teeth. The person told us staff were always willing to help them, they also said, "If they say they'll be back in a minute they usually are."

One person told us, "They always ask how I am." Another person said, "They check on us regularly, they ask me if I'm warm enough." Staff supported and comforted a person and their relatives throughout the day in regard to the poor health of another family member.

Some people spoke other languages as well as English. Although they spoke and understood English well some information was displayed in their native language. One member of staff also spoke their native language and took time to converse with them in that language to help them feel comfortable.

Staff were patient with people and explained whatever they did. We saw one staff member supported a person who had difficulty swallowing medication. They helped the person to remain calm and patiently stayed with them to ensure the medication was taken without distress.

Staff spoke with us about how they supported and cared for people. Throughout the discussions about people's needs they referred to issues such as the importance of maintaining people's privacy, dignity and independence; making sure people had care that suited them and understanding how they communicated their needs. We saw staff used these approaches to care whenever they supported people. For example, they made sure people's clothing was changed or adjusted to maintain their dignity; they made sure personal care was carried out in private; they spoke with people about their needs in private areas or lowered voice tones; and they supported people to use special equipment to eat and drink and to move around so that they could maintain some independence.

We sat and spoke with people during their lunch. The dining room was bright and airy and tables were laid with table cloths, condiments and menus. Music was playing in the background and there was a relaxed and friendly atmosphere. Everyone was asked what they wanted to eat and drink before serving. Food was served in a timely manner and portions were sized as people wanted them. People told us they always had a choice of what they wanted to eat. They said they could choose cooked breakfasts if they wanted them. They told us second helpings were available if they wanted them.

Staff sat with people and gave individual support where required. They helped people to cut food, use condiments and cutlery and regularly offered drinks. People who took a while to eat their food were asked if they wanted food warming so that it remained palatable.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in assessing and planning for their care needs. One person said, "Oh yes I have one [care plan], they keep me informed and I can say what I want in it." A relative said, "I told them what [my relative] likes and it's all written down." Another relative told us the registered manager always listened to their views about their loved one's care and felt able to discuss how staff provided their care.

Care records identified needs and risks, said how they should be addressed and we saw staff provided the appropriate support and care. They set out how staff should maintain people's dignity, what they liked and did not like and what healthcare they required. Monitoring charts for needs such as nutrition, pressure area care and continence were completed to show any changes in the person's needs. Reviews of people's care plans were undertaken regularly to ensure they were up to date and reflected what the person needed and wanted. When speaking with people about their care plans one person said, " I trust them [staff] implicitly and they give me confidence; if they are confident in me it gives me confidence in myself."

We saw the home's administrator liaising with care staff and arranging a dental appointment for a person who had complained of tooth ache. The person told us, "It doesn't matter who you tell they'll always work together to get you sorted."

People and their relatives told us staff knew about people's preferences and wishes and made sure support was personalised. We saw examples of this during lunch. The chef told people she would be working at the weekend and asked if anyone had any special requests. One person made a request and said, "Nothing is too much trouble, cook made profiteroles for me last weekend." Two people wanted their lunch later than others so their chosen food was kept for them.

Some people told us they did not like to join in organised activities but staff helped them to continue with their hobbies and interests such as reading and watching television. We saw there were a range of reading materials around the home and people were supported to watch the television programmes they enjoyed. One person told us they were able to make cakes with staff and another told us staff would ask if they wanted to go for a walk which they enjoyed doing.

We did not see any organised activities taking place during the inspection. However people told us there was always plenty for them to do. Three people told us they have bingo sessions, games, exercises and sing-a-long sessions which they enjoyed. There was a group activity plan displayed to show people the sorts of things they could do. There was no activity co-ordinator in post at the time of our visit. We saw from the rota and talking with staff, that they could work extra shifts to support people with hobbies and activities. The provider had identified a need to employ an activities co-ordinator and we saw they were currently trying to recruit a suitable person.

People and their relatives told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken. One person told us, "I'd tell the staff or [the registered manager] if I wasn't happy about anything; they'd always sort things."

People knew there was a complaints policy and we saw that it was displayed in the home. We also saw there was a comments box for people and visitors to use when they wanted to draw attention to a matter of importance or pass along compliments about the home. Staff told us the registered manager regularly reviewed the contents of the box and gave feedback on matters arising. Records showed no complaints had been received by the home since we last visited.

Good

Is the service well-led?

Our findings

People told us staff always listened to their views and they had a chance to say what they thought about things in meetings with the registered manager. Records were available for the meetings held and we saw there were also arrangements for relatives meetings so they had the opportunity to voice their views and opinions about the home as well

People who lived in the home, and staff members told us the registered manager and senior staff were approachable and encouraged them to share their views. One person said, "I couldn't find fault with the management, they always have an open door and we are able to speak with them."

Staff told us the registered manager and deputy manager were very supportive and they said they had regular staff meetings. They said that they could share their views at the meetings as well as receive updates about developments within the home and guidance on best practice. Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said they knew who to contact for advice within the wider organisation. There was an on-call system to provide support for staff if the registered manager was not available.

Staff demonstrated they were aware of whistleblowing procedures and said they would not hesitate to use them if they needed to. We saw there was information available for staff about these procedures.

The PIR showed us the registered manager regularly attended the provider's senior management meetings in order to keep up to date with any changes in good practice, legislation or regulations. We also know the provider had organised management training for 2015 to enable the registered manager and the deputy manager to develop their managerial skills.

Our records showed the registered manager made sure we were informed in a timely manner about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations.

There was a quality assurance and audit framework in place. Audits were carried out for areas such as infection control and medicines management. The registered manager produced monthly monitoring reports on areas such as safeguarding people, complaints and staffing issues. Records also showed the provider's senior management team carried out regular visits to check on the quality of areas such as the environment, catering facilities and care planning. Action plans were in place to address any shortfalls highlighted by the registered manager's and the provider's quality monitoring processes.