

Prestige International EC Limited

Ridgewell House

Inspection report

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Date of inspection visit:
08 November 2018

Date of publication:
29 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Ridgewell House on the 8 November 2018.

Ridgewell House is a residential care home for 16 people, some of whom may be living with dementia. On the day of our inspection 12 people were using the service. The service has spacious living areas and is set over two floors with a stair lift in place should this be needed. The service is set in a residential area with easy access to the local community and has a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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 sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The manager had a number of ways of gathering people's views, they held regular meetings with people and

their relatives and used questionnaires to gain feedback. The manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ridgewell House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on the 8 November 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection visit we spoke with seven people, a relative, the manager, two care staff and the cook. We reviewed two care files, staff recruitment files, medication records, audits and records held at the service.

Is the service safe?

Our findings

People felt safe living at the service. One person said, "The best bit about the home is the staff." A relative told us, "It has all been positive here, I only have good things to say."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to my line manager, then the manager. If I needed to go outside, I would go to the council or the police if I had to." We saw posters on display throughout the service reminding staff of their safeguarding responsibility and displaying helplines people and staff could call if concerned.

People received care from a consistent staff team. The manager told us they had a stable staff base and had recruited successfully to vacant posts. The deputy manager regularly reviewed people's dependency needs to ensure they worked on the correct staffing levels. Staff told us there were enough staff available to support people with all their needs. The manager had an effective recruitment process and staff recruited were suitable for the role they were employed for.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered such areas as preventing falls, moving and handling, nutrition and hydration. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in first aid and if there was a medical emergency, they called the emergency services. Staff also received training on how to respond to fire alerts at the service and we saw people had fire evacuation plans in place.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The manager told us they were in the process of recruiting a new maintenance person for general maintenance at the service. For more specialised work, the provider employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and gas testing.

The provider had effective systems to monitor accidents and incidents and to learn lessons when things went wrong to prevent them from happening again. We reviewed accident and incident records and saw these were followed up to ensure people had the right support. Information was shared with staff at meetings.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The manager ensured staff training was kept up to date and had recently attended medication training with their pharmacy supplier. Regular audits were completed and medicines policies and procedures were up to date. The manager has also had their medication practices audited by their external pharmacy supplier to ensure people received their medication safely.

Is the service effective?

Our findings

Staff were supported to complete training to develop their skills and help them perform their role. The manager had reviewed staff training to ensure this was being kept up to date. We saw staff were provided with a variety of training, including nationally recognised qualifications and the Care Certificate for staff new to care. The provider had invested in staff completing a virtual dementia course to help them have the skills they needed to look after people living with dementia. One member of staff told us, "The virtual dementia course was really good, it helped me to better understand what it feels like for somebody living with dementia and to know what it feels like for them."

New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff had regular staff meetings and supervision with the manager to discuss all aspects of the running of the service and any support or training needs they may have. The manager also completed appraisals on staff performance and asked staff for their feedback. Staff told us that they felt well supported by the new manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the act. DoLS applications had been made appropriately and the new manager was aware when renewals were required. Some people had lasting power of attorneys nominated to look after their health and welfare, and this was clearly documented. People told us they were supported as individuals and that their opinions mattered. This told us people's rights were being safeguarded.

People were very complimentary of the food. The service employed a cook and all food was cooked fresh each day. The cook and staff monitored what people ate to ensure they were having enough nutrition and hydration. Where necessary some people were provided with additional food supplements such as fortifying or soft diets. Staff monitored people's weight and if they identified an issue with eating and drinking, they referred people to the G.P for advice.

People were supported to access healthcare. The manager told us they had healthcare provision at the service from district nurses and practice nurses who reviewed people's healthcare needs. Where appropriate, GPs attended the service and we saw on the day of inspection a GP came in to review a person's healthcare needs.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms which had been individually decorated the way people wanted them. The

manager was working with the provider to develop an ongoing refurbishment plan to keep the environment updated. The kitchen was being updated at the time of our inspection visit.

Is the service caring?

Our findings

People and their relatives were very happy with the care they received at the service. One person said, "I am happy here, can't complain." Another person said, "The staff are kind and helpful, I am glad to see them." A relative told us, "The staff here have been exceptional, very kind and caring."

We saw that staff had positive relationships with people and interacted in a kind and caring way. There was a high level of staff interaction with people, and when one person was considerably distressed, staff spent time trying a number of different ways to calm and distract them from their distress. We saw that staff used techniques that had been clearly care planned that helped to ease the person distress such as brushing their hair and looking at photographs.

Staff knew people well including their preferences for care and their personal histories. Staff told us they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far as well as containing all the details of how they preferred to be supported. People were supported to follow the routines they chose such as when to have their meals or when they wanted to go to bed or get up. We saw one person getting up mid-morning for breakfast and staff told us that it was the person's choice to have a lay in. Staff told us they respected people's right to choose how they wished to spend their time and supported their individual routines. One person told us, "I prefer to stay in my room, but the staff come and check on me regularly and I have a call bell if I need to use it."

Staff treated people with dignity and respect. We saw that staff took time to talk with people and engaged with them in a respectful way. Staff stopped and maintained eye contact with people and had meaningful conversations about their day or any concerns they had. People were supported to take pride in their appearance. One person told us, "I have my hair done every Friday." Another person showed us their painted nails and told us that they liked having them done every week. People were supported to maintain their religious beliefs and the service held regular multi faith services each month if people wished to attend by local churches coming in.

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions. People also went out with their relatives on trips. One relative said, "We often go out to the seafront."

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people. A relative told us, "Communication is very good and we have regular meetings to discuss everything."

The service remained responsive. We saw that staff were very good at recognising people's changing needs and referring them for specialist support, for example to the dementia care team. Staff helped people to support their independence by ensuring that when their needs changed, they had the correct equipment to support them such as standing hoists and walking aids.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people's communication needs and had recorded how these could be supported. For example, we saw care planned how one person would become distressed if their hearing aid was not working properly, so staff regularly checked the battery and helped them to continue to wear their hearing aid. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. Staff told us that they supported people with activities and that people particularly enjoyed 'sing a longs'. They also had external entertainers who came in to sing and do arm chair exercises with people. Staff told us that they also did feel good activities with people such as painting their nails. There was a large garden at the service which people enjoyed and people also went on trips out with staff and relatives. The service also had a friendly cat which we saw people interacting with and enjoying the presence of a pet.

The manager had a complaints process that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the manager. One person told us that the manager was dealing with a complaint they had raised. We checked the complaints folder and saw the manager had addressed the concern and was dealing with the person's complaint. People generally told us that they did not have any complaints.

People were supported at the end of their life. Staff spoke with people and relatives and were clear about what people wanted at the end of their life. We saw that some people had 'do not resuscitate' documents in place that had been agreed with them and their relatives. The manager told us they worked with the palliative care team at a local hospice to support people at the end of their life.

Is the service well-led?

Our findings

The service had a newly appointed manager who was not yet registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff shared the managers vision. One member of staff said, "We promote independence and want people to have a good and happy life." People and relatives, we spoke with were very complimentary of the staff and manager.

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a really good team, I am very happy working here." Staff told us that they felt supported to perform their role and had regular meetings and a handover every day to discuss people's care needs. In addition, they used a communication book to share important information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback. Before the new manager started at the service, the provider held a meeting with relatives and people to introduce them. People told the manager they were happy at the service and hoped that they would not make too many changes. A member of staff told us, "Since the new manager has started things are now more organised." The manager also sent out questionnaires for people and relatives to complete. The new manager had taken time to get to know people and their relatives and to listen to them on a personal level. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The manager had spent time making links with other health professionals to ensure people living at the service got the best outcomes available. For example, they had invited the local council's quality improvement team to attend the service and share their ideas and teaching materials on supporting people living with dementia. On the day of our inspection, the quality team were at the service completing an observation and going through ideas with the manager to help support people living with dementia.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records. This information was used as appropriate to continually improve the care people received.

The manager understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.

