

Mr Peter Walsh

# Ridgewood House Home for the Elderly

## Inspection report

13A Dukes Drive  
Newbold  
Chesterfield  
Derbyshire  
S41 8QB

Tel: 01246237333

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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 ●

# Summary of findings

## Overall summary

About the service: Ridgewood House Home for the Elderly is registered for 21 beds and provides personal care and accommodation for older people. On the day of our visit 20 people were using the service.

People's experience of using this service:

The service met the characteristics of 'Good'. People were supported by staff who understood their role in protecting them from harm. Accidents and incidents were reviewed and analysed to try to prevent future incidents. Risks were assessed and managed and people received support to take their medicines in a safe way. Recruitment checks determined the suitability of new staff to protect people that used the service. Infection control procedures were in place and followed to minimise the risk of people acquiring an infection.

People enjoyed the meals provided and they were consulted about the meals available, to ensure they met their preferences and dietary needs. Drinks were available to people throughout the day to ensure they remained hydrated. When people were unable to make specific decisions regarding their care, assessments were completed and meetings held with professionals and people that were important to the person; to ensure decisions were made in their best interests. This demonstrated that people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People and their representatives were involved in their care to enable them to receive support in their preferred way. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met.

Opportunities to take part in social activities were available to enhance people's well-being. People were supported to maintain their cultural and faith needs and were treated with consideration and respect by the staff team and their dignity and privacy was respected. Information was available in an accessible format to enhance people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had.

There were systems in place to monitor the quality of the service and drive improvement, this included; the ongoing refurbishment, maintenance and safety of the home, staff development and support and ensuring that people's preferences and needs were monitored and met.

Rating at last inspection: Good (report published 29/07/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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# Ridgewood House Home for the Elderly

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one 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.

**Service and service type:** Ridgewood House Home for the Elderly is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider of the service passed away in 2017. CQC authorised the provider's personal representatives to carry on the regulated activity in his place. This was to enable the personal representatives to register the home under a new provider. The personal representatives have not registered under a new provider, due to legal reasons with the sale of the home. We have therefore asked the personal representatives to register as the provider as a matter of urgency, until the sale of the home is completed.

The service had a manager registered with the Care Quality Commission. This means that they 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 when preparing for and carrying out this inspection:**

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and five people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with a visiting professional, seven members of staff including the deputy manager, the cook, the housekeeper, care staff and activities staff. We spent time with the registered manager during the inspection. We reviewed a range of records. This included accident and incident records, care records, medicine records, staff recruitment records and training records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- People were supported to reduce the risk of avoidable harm, as risk assessments were in place and followed by the staff. For example, we saw staff supported people in a safe way when they were unable to move independently.
- The equipment used to support people was serviced as needed to ensure it was safe for use.
- Staff had guidance to follow to ensure people were supported in a safe way in the event of an emergency.
- Firefighting equipment was in place and fire alarm checks were done weekly to ensure the systems in place were fit for purpose.
- Staff had received training in fire safety and the procedure to follow in the event of a fire; to ensure they were safe and could keep people that used the service safe.
- The fire risk assessment was reviewed regularly and updated as required to ensure it remained relevant to keep people safe.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff. One person said, "You couldn't find a better place, nobody's ever upset me." Another person said about the staff, "This is a good place, there are good staff in here, they look after me." A relative told us, "When we go home we know [Name] is safe and well looked after." Another relative said, "I have every confidence that [Name] is safe with the staff, they are all so kind and considerate and very gentle with people."
- Staff understood their responsibilities to report concerns. They confirmed and we saw records that showed they were provided with training and had a good understanding of the safeguarding procedure to follow. Information regarding safeguarding procedures and reporting concerns were available within the home.
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff had a good understanding of people's needs and preferences. Most of the staff team had worked at the home for many years. One member of staff said, "I know everyone here really well and they know me too. They are like family to me."

Staffing and recruitment.

- We saw sufficient staff were available to support people according to their preferences and needs. No one raised any concerns regarding the staffing levels in place. One person told us, "It is nice here, quiet at night, but if I ring the bell they come."
- When staff were recruited the appropriate references and checks were completed in line with current guidance.



Using medicines safely.

- People told us and we saw they were supported to take their medicine at the right time.
- Staff received medicine training and had their knowledge and practice assessed to ensure people received their medicine safely.
- Medicines audits were undertaken, to enable the management team to identify and address any errors promptly.

Preventing and controlling infection.

- The home was clean and maintained to a good standard. One person told us, "It's clean and in good nick." A visitor said, "The rooms are all very clean. It's always very clean, there's no smell."
- The housekeeper had a good understanding of infection control procedures and discussed their cleaning schedule with us and the monthly infection control audits they did with the registered manager.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- Records seen demonstrated that the registered manager analysed all accidents and incidents each month. This was to enable them to look for any patterns or trends and take action as needed to minimise risk.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they moved into the home to ensure they could be met and included sufficient detail, to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Care plans contained information to support people's specific health conditions and dietary requirements.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Induction procedures ensured staff were trained in the areas that were relevant to their roles.
- Staff received training for their role and were provided with support on a regular basis by the registered manager. One member of staff told us, "The manager and deputy are both very supportive. They make sure that there is always, at least one of them available to us." Another staff member said, "We are a small home and support one another really well. The manager is one of the team."

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

- People were supported to have a balanced diet and made choices about the kind of food they enjoyed. One person said, "The food's fantastic."
- We observed the support people received at the lunch time meal, and saw that when needed people were supported to eat. This was done at the person's own pace and we saw staff enabled people to do as much for themselves as they could.
- The cook and staff team were aware of any specialist diets that people had and ensured people were supported to follow their required diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People confirmed they were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists, opticians and dentists. One relative told us, "This home has an excellent relationship with the doctors and nurses; they visit regularly and if there are any concerns the manager or any of the staff would contact the surgery."
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. One visiting health care professional told us, "This home is fabulous. I have no cause for concern, it's a pleasure to come here. All requests to staff are followed and documented well, so I

can see what has been done. The communication is very good."

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

- Assistive technology was in place and used to support people as needed.
- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- People could speak with their visitors in private if they wished to.
- Equipment such as hoists were available for people to move safely when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- None of the people that used the service were under the local authority restriction of a DoLS. The registered manager confirmed that an application had been made for one person. Staff we spoke with were aware of the reasons for this application and were clear on the need to support this person in the best interests to keep them safe.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw and people confirmed they were treated with kindness and consideration by the staff team. One person told us, "I cannot speak highly enough of the staff, they're very loving and very kind. I couldn't wish for any better." Another person said, "The staff treat you well, they're nice people, gentle people." A relative told us, "The staff really look after [Name], they're caring and considerate. So helpful and kind."
- Our observations and discussions with staff showed us that they knew people well which helped them to ensure people were supported in their preferred way.
- People were supported with kindness and consideration when they became upset. For example, when one person became upset a member of staff sat with them. They patiently and kindly spoke to the person to reassure and comfort them.
- Staff understood people's communication methods and we saw staff could communicate effectively with people. Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used.

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

- People were enabled to make choices about the care they received. One person told us, "It's very relaxed here. You can do what you want, when you want." We saw that people chose what they wanted to do and moved around the home freely.
- Some people were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options or showed people objects of reference to assist them.

Respecting and promoting people's privacy, dignity and independence.

- Staff respected people's privacy. One relative said, "When I visit if we want some privacy, we can go to [Name's] bedroom, it's very relaxed here, there are no set rules."
- We saw and visitors told us they were welcomed by the staff team. One visitor told us, "It's a fabulous place, everyone is so friendly and caring."
- Staff were courteous and caring towards people. We saw that people's dignity was promoted when they were supported to use the bathroom or required support to move; this was done with consideration to the person.
- People were supported to maintain their appearance and sense of style. For example, several ladies were wearing their jewellery and make up and gentleman were supported to shave, if this was their preference.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to participate in social and recreational activities and an activities coordinator was employed to support people with their interests. We spoke with the activities coordinator who had a good understanding of people's preferences and interests. The activities provided were based on people's interests. For example, a gardening club and baking group had been set up following consultation with people about their interests.
- On the day of the inspection we saw people spending time doing things they enjoyed; some people had potted tomato plants, some were involved in several games of dominoes which they were clearly enjoying; as there was much laughter, conversation and cheering during these games. Another person showed us the range of crafts that they enjoyed doing.
- There were ongoing conversations and laughter between people, relatives and the staff team throughout the day. This promoted a homely and friendly atmosphere, that was welcoming to everyone.
- People were keen to tell us about the home and how they were happy living there. One person said, "I wouldn't want to be anywhere else. It's so lovely here." Another person had gone home following a short stay for respite care and had decided to return and move in on a full-time basis; as they had missed the companionship and activities that were available to them.
- People were also supported to access the community, such as going shopping, eating out and local entertainment and had developed links with the local pre-school. Plans were being organised for the people at the home and the children at the preschool to have a stall at a local fete in the summer.
- People were supported to practice their faith and maintain their beliefs through the local church who visited the home each month.
- Staff knew people well and care plans were in place that were personalised, detailed and regularly updated. Information was also available in people's bedrooms about their interests and preferences.
- The service complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss were given information in a way they could understand. Information was available in an accessible format to support people's understanding.

Improving care quality in response to complaints or concerns.

- People were confident that they would be listened to if they raised any concerns. One person said, "I would tell the manager or any of the staff and they would sort it out for me." Another person said, "I have not got any concerns but I would just speak to the manager if I had, it would be sorted, of that I am 100% confident."
- There was information in the entrance of the home to explain to people how to raise concerns.
- The service had a procedure in place to manage complaints. No formal complaints had been received in the last 12 months.

End of life care and support.

- There was no-one receiving end of life care at the time of our inspection.
- Staff confirmed they had received training that enabled them to support people when they needed end of life care. A visiting professional told us, "When people have needed end of life care, the staff team have worked with us to ensure they get support the way they want it. They are very good at keeping people comfortable."

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour responsibility.

- Quality audits were in place to measure the success of the service and to drive improvement. For example, monthly audits were undertaken; this included audits of support plans, risk assessments, health and safety, infection control and staff training and development.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the rating from our previous inspection was displayed in the office in line with legal requirements.

Managers and staff are clear about their roles; Planning and promoting person-centred, high-quality care and support.

- Staff told us they felt well supported and able to develop in their role. Most staff had achieved a level three diploma in health and social care or were working towards it. Staff confirmed they were supported by the management team. One member of staff told us, "Both the manager and the deputy are really supportive. I can talk to them about anything, they are always available to us."
- Staff spoke positively about the culture of the service. They confirmed they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff.

- People and their relatives told us they were happy with the support they received and confirmed their views were sought. One relative said, "I am always consulted and fully involved in everything regarding my relative."
- People and their relatives knew who the registered manager was. They told us how approachable and friendly the staff and registered manager were and said that the home had a very friendly, homely atmosphere. People were confident in the management of the care home and told us it was well run. One relative said, "I find the manager very constructive and easy to speak to, it feels very well led and managed." Another said, "The manager is very helpful, the home is well managed. When I was looking for somewhere I came here and it felt right."
- Meetings were held with people through monthly meetings and relatives also confirmed they were

involved in these meetings.

- Questionnaires were sent out annually to cover all aspects of support provided. To enable the registered manager to address any areas for improvement or suggested development.

Working in partnership with others.

- There were good relationships with local health and social care professionals and with the local community.
- The registered manager and staff team also worked with other local groups such as the local pre-school; to enable the children and people at the home to spend time together, to enhance their social interactions and promote their well-being.