

Bupa Care Homes (HH Northumberland) Limited Ridley Park

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Ridley Park is a care home providing nursing and personal care for up to 59 older people with a range of healthcare needs. The service had 58 people residing. The accommodation is spread over three floors, with one floor used for hairdressing facilities, a ballroom, laundry and staff rooms.

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

Ridley Park continued to provide an outstanding service with an extremely caring staff team. People were at the heart of the service. People and their relatives highly praised the support they had received with words such as "brilliant", "superbly", "extremely high standards" and highly motivated."

A new registered manager had taken over since our last inspection and with the support of their deputy and senior management team continued to provide excellent support to the staff team in an entirely open and transparent way. Staff had been very well supported during the COVID-19 pandemic with all management dedicated to ensuring good staff mental health was maintained.

Equality and diversity were absolutely embedded within the service, including welcoming various religious faiths and embracing people's individual spiritual beliefs. Extremely strong links with the local community were already in place, and this was being extended as COVID-19 restrictions eased and the government allowed.

Staff had a remarkable understanding of people. People were treated as individuals with any changing needs responded to very quickly. High quality, person centred care plans were in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The COVID-19 pandemic had impacted on all care homes. Ridley Park staff had been creative in engaging with people and supporting them to maintain social interactions and activities both within the service and outside.

The management team were extremely open and responsive to feedback and acted immediately on any areas raised for potential improvement. There was already a very strong governance system in place, and this was going to be further reviewed and enhanced as needed.

People received a good variety of food and plenty fluids. Staff followed good infection control measures, including close monitoring of visitors. Management had high expectations of its domestic staff and other staff who kept the service very clean and tidy.

People told us they felt safe. Staff had assessed risks to people and followed good practices to keep people

as safe as possible. Staff had received training to safeguard people from abuse.

Enough staff were in place to support people. Robust recruitment procedures were followed, and staff had been employed recently to fill any gaps.

Medicines were generally managed well. We found some recording issues, but this had no impact on people, and we have made a recommendation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was outstanding (published 23 April 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Ridley Park

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors and an Expert-by-Experience carried out the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector was a medicines specialist.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams, other external professionals and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 communicated with 20 people and 12 relatives about their experience of the care provided. We communicated with every member of staff including the registered manager and deputy manager. We also spoke with the managing director, regional director, quality manager and a visiting community matron.

We further contacted a specialist Parkinson's practitioner, two GP's, a continence nurse and two care managers from the local authority to gather their views on the service provided.

We made observations of the interactions between people and care staff during our inspection to help us understand people's experience of care.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at four staff files in relation to recruitment, support and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found and continued to review records or information which we had received, including feedback from various relatives and healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed well, including storage, ordering and controlled drug monitoring. We found some minor recording issues, including in connection with 'as required' medicines and topical creams and lotions. These were addressed straight away with no impact found for people being supported.
- One person did not have a cleaning regime recorded for their Percutaneous Endoscopic Gastrostomy tube (PEG); this was addressed straight away with no impact on the person.
- Staff had received training and competency checks in order to administer medicines safely.

We recommend the provider review medicine recording procedures, in light of the feedback given.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received training and were aware of their safeguarding responsibilities.
- People felt safe. One person said, "I'm safe here because of the friendliness of the staff. I would speak to the management if I didn't feel safe...they are very approachable."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and actions taken when measures were required to mitigate these.
- Maintenance checks were completed on a regular basis to ensure the building and any equipment used, was in good working order.
- Fire safety and emergency evacuation procedures were followed. This included having people's personal emergency evacuation plans in place and undertaking fire drills to ensure staff could evacuate the building in a timely manner in the event of an emergency.
- Staff were encouraged to raise concerns and report any near misses or accidents. These were discussed at regular meetings and debriefs and reported internally to senior management for monitoring and any further action to be taken.

Staffing and recruitment

- Enough competent staff were on duty to meet people's needs. There were some gaps in staffing numbers, but the service monitored this closely and provided agency staff to fill any shortages.
- Robust staff recruitment procedures were in place. This included Disclosure and Barring Service (DBS) checks to make sure suitable staff were employed. The provider had recently recruited staff and were waiting for employment checks to be finalised before induction was completed.
- The provider had invested in alternative routes for finding potential new staff. This included people who

wished to gain work experience and the use of recruitment agencies to support them find the right calibre of staff.

Preventing and controlling infection

- The service had no deaths due to the COVID-19 pandemic. One staff member said, "I could say we have been lucky as we have not had an outbreak of COVID in the building (residents wise), but I can't stress enough it's down to extremely good practice from the whole team. The care team are amazing in everything they do."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Assessments of people's needs had taken place prior to moving into the service.
- Care plans had been developed with people, their relatives and any professionals involved. One relative said, "Completely involved in decisions about (person's) care, and give my views."

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

- People received suitable food and drink to help them maintain a healthy balanced diet, including those on special diets. One person said, "The food is very good pet, I enjoy it. I don't eat a lot because I'm conscious of my weight and need to be careful. You get drinks and snacks in the morning and afternoon. I'm well looked after."
- Mealtimes were not rushed, and people were encouraged and supported to eat and drink when required.
- Referrals to healthcare professionals were made when any concerns arose from nutrition or hydration. Many people had put weight on since coming to Ridley Park.
- Themed events had taken place and people were encouraged to try new foods. People were supported to celebrate birthdays. One relative said, "The birthday cake was superb. It's the personal touch and attention to care which makes me so pleased at the way my mam is looked after at Ridley Park."

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

- There was good collaborative work with external health professionals. We were able to demonstrate via conversations with people, staff and professionals, that advice was sought and followed from health professionals when concerns about a person's well-being were identified. One GP said, "They have engaged well with weekly care meetings and are happy to share their experiences with other care homes."
- People told us staff knew them well and could identify when something may be wrong with their health. We overheard an example of this when staff were quietly discussing one person who had not been themselves that day. They formed an action plan and ensured the relevant external healthcare professionals were contacted.

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

- The service was designed to meet the needs of people living with a range of health needs, including those living with dementia. During the COVID-19 pandemic a new visiting area with full glass panels had been built which adjoined one of the lounges. This had microphones and speakers on either side to allow people and their visitors to hear clearly.
- People were able to decorate their bedrooms with items of particular significance to them. Some people

had pictures of family members displayed and others had ornaments or other artefacts.

- When people needed help to get their room how they preferred, the maintenance person was called to support them. A relative said, "(Maintenance person's name) even went as far as helping us to cut her photo frames so they fitted in the space she wanted them to go. (Staff) did not need to do that, but they really wanted to help."

Staff support: induction, training, skills and experience

- Staff were inducted and received training specific to their role in order to maintain good skills. They were also supported to gain experience. One staff member said, "The induction was the best and most thorough induction I have ever had. We did a week in the classroom before starting and then I did shadow shifts.

Ongoing training has been fantastic too."

- Staff had their competencies checked to ensure they delivered quality care to people. Regular supervision and yearly appraisals were carried out. Any identified training need was discussed, and plans put in place to address this, including when incidents or lesson learnt opportunities had arisen.

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

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

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

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

- Staff had received training and had an understanding of the MCA and how it applied to people. DoLS applications had been made to deprive people of their liberty when a risk had been identified. This was constantly monitored.

- Consent had been sought and recorded in care plans. Where anyone could not consent themselves, relatives and other health care professionals had been involved in making a best interest decision on their behalf. One person said, "They certainly do this (ask for consent), from knocking on the bedroom door, to saying excuse me before they touch me."

Is the service caring?

Our findings

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

At the last inspection this key question was rated outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff provided exceptionally caring and compassionate care and support to people. Staff told us at Christmas, the staff on the dementia unit went out of their way to make it as special as they could due to the restrictions in place. Staff discussed with residents what they wanted to wear on Christmas Day. Staff also encouraged residents into lounge areas to open their presents together as a family as they would do with their own families. Pictures were taken and sent to families to show people enjoying themselves as much as possible without them. One relative said, "As a family we consider the care home to be excellent in all respects, with the staff that look after mam being unfailingly kind, friendly, empathetic, approachable and hardworking."
- The rapport and friendships between staff and people was clearly evident. One relative whose family member had recently passed away told us, "In the three years and three months in which (person) was a resident the staff looked after her superbly. They made her feel at home from day one, always laughing and joking with her which helped to make her stay in the care home a happy one." Another relative said, "Dad has a good relationship with the staff and the receptionist has been brilliant."
- People were extremely well supported. The service had embraced essential care giver status and had many relatives registered. An essential care giver is a friend or relative recognised as providing companionship, emotional support or to carry out personal care tasks with a person. There was robust procedure in place to ensure that everyone given this status was fully briefed and understood the procedures to follow, including PPE guidance. One relative explained their family member was thriving due to the additional support they were able to offer because of this status. A staff member explained that one person had gained 4kg in weight and had not required antidepressants which the GP was going to prescribe because of their loved one becoming an essential care giver.
- Many fantastic comments were received about the professionalism and dedication of staff. One Staff member was a trained hairdresser. Throughout the pandemic staff confirmed they often came into the service on their day off to cut and style people's hair. One person at the home was anxious about getting their hair cut and styled for a wedding. The trained staff member did this for them, and on the day of the wedding, staff pampered the person to ensure they looked glamorous for the event which pictures showed they did. This was to the delight of the person and their family.
- Staff carried on exceeding the expectations of relatives, particularly in regard to protecting people from COVID-19. One family member said, "She (person) has only been in here about 2 months. It's fantastic. I was really worried with Covid, but the staff have been marvellous. So very caring. I looked at loads of homes and this was a very wise choice...definitely better than the best."
- Large amounts of compliments were gathered during the inspection regarding the highly caring nature of

staff. A GP told us, "Ridley Park staff are extremely caring and professional." Comments from people and relatives, including written compliments included, "The care is excellent, get care when I need it. They are calm and unrushed"; "Care is outstanding as you know, and it certainly matches your outstanding report"; "Words can't explain how grateful we are for the love and care you gave to my grandad. He means a lot to us and clearly means a lot to you. Your unit will always have a special place in our hearts"; "I am so grateful to you all at Ridley Park for the wonderful care which you give my mum" and "One member of staff said, "Love working at the home. I love the residents here, when they pass away it's like part of your family has gone too. You get to know them well and all their little quirks."

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

- People and their relatives were significantly involved in decisions about their care and staff knew the importance of ensuring this took place. This ensured preferences and pertinent important information was fully documented and discussed. Relatives highly valued their views being sought and felt listened to. One relative said, "I spent a lot of time with staff completing information on her likes and dislikes and all about her history and past life. They wanted every detail I could remember to make sure they could help her as best they could. They have stuck to this too and respected her wishes."
- People had control over how they lived their lives and the choices they made. One relative said, "Mam does her own thing to be honest, one day she stayed in bed all day. They do give her options. One day she wanted to stay in her PJ's!" A staff member said, "People are allowed to express themselves in their own unique ways. They (management) mould their service around the person. Some of these things are really simple like providing activities that are right for the person. We have one (person) who is a keen gardener, so they grew tomatoes in their room. We had one person who went through a period of wanting to sleep on top of their bed in clothes, or someone fancied a PJ day. Why not. Who are we to tell anyone how they should live their lives. I don't feel restricted in the care I give by the constraints of the organisation. I feel free to be creative and support each person to live each day happily. Fancy fish and chips, a sly bailey's or a late night watching the footie... Let's do it."
- Staff continued to provide a huge range of information to help people make measured decisions about their care or additional support they may have required. This included a variety of booklets or leaflets in connection with mental health, death or bereavement, dementia care and a range of other local service information.
- Staff continued to support people and their relatives to better understand conditions which effected their health. One relative said, "(Person) has Alzheimer's. I did not really understand what that meant, but some of the staff have made time to sit with me and explained it so I now understand why she does the things she does. It's the first time anyone has done that, and it has really really helped me. I can now appreciate what is happening when she is having a bad day. They gave me leaflets to look at as well. They have been great. The impact it had on me before was massive as I used to get frustrated, which made things worse." Another relative said, "They are really lovely, and mum can be demanding, they are responsive and don't palm mum off. They explain things to her and reiterate back to her what she has said."

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Virtual assistive technology was used throughout the home, including to support one person to contact staff independently as they were unable to use the call bell system. Other people were able to use the same technology to listen to music they preferred by asking for it to be played.
- Another person with sight loss, was supported with their mealtimes experience by staff purchasing coloured dining equipment so they could see better. Staff said, "These little things have had such a positive effect on (person) making their mealtimes more enjoyable. (Person) has also put on 2kg weight since her admission in June 2021."

- Privacy and dignity were evidently at the heart of the culture of the service. This was displayed in how staff acted and how it came naturally to them. A relative said, "Absolutely yes, they do. They put up a sign when she's being changed saying 'care in progress', which is respectful."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had been innovative in dealing with the COVID-19 pandemic and social isolation when families could not visit people or restrictions were in place. We were told staff had viewed hospital visits for people as an opportunity for a 'day out'. One relative said, "Whilst waiting for the appointment or a taxi home, this included time spent in the hospital garden and a picnic which the carer had organised with the catering staff at the home. I recall clearly, mam talking about her 'days out', rather than a trip to hospital! Brilliant and massively appreciated."
- People were involved in what activities they chose to participate in. One staff member said, "Resident meetings take place and it was via one of these that people decided to sign up to a magazine subscription which is a regular yearly subscription providing weekly updates on various topics, including stories from around the world and hot topics like climate change."
- Some activities had to be curtailed due to the COVID-19 pandemic, but there was still a range of activities taking place. 'Themed' nights continued, in which staff would focus on a particular subject or regions. For example, there had been a Mexican night and a Pizza making day with ingredients from the garden used which people had helped to plant. Singers in the garden had been arranged and some staff brought their well-behaved dogs to work on international dogs' day.
- A member of maintenance staff had made for one person, living with dementia, a hand made 'fiddle board' to keep them occupied during periods of lockdown.
- People were supported to participate in religious services important to them. During lockdown, people who would normally attend services outside of the home were unable to, due to their closure. For some people staff organised newsletters and skype calls to enable them to keep in touch.
- A couple living at the service had their 60th wedding anniversary and one celebrated their 90th birthday at the start of lockdown. The deputy manager told us, "The staff made them a romantic meal and decorated their rooms with balloons and all the presents they had been bought by family and staff." Pictures of the happy couple, cuddling and opening presents, being presented with flowers and enjoying the meal were viewed.
- COVID-19 had a huge impact on the service and the interaction people could have with their families via face to face contact. Staff very quickly identified they needed to utilise other communication or contact methods from the onset of the pandemic. This was to ensure people, particularly those living with dementia and their loved ones were still able to connect while high levels of government restrictions were in place. A range of methods were used, including building new areas to meet face to face safely, new electronic tablet devices throughout the home and additional mobile telephones purchased so that the lines into the home were not blocked.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The ethos of the service continued to be highly person centred. People received excellent person-centred care. There were many examples of how people had recovered from pressure damage or malnutrition after moving into the service. To reduce the risks posed for one person, staff replaced the call bell with a wireless doorbell so that they could still summon staff.
- Care plans were highly person centred. A full life history had been collected, and records included details of people's likes and dislikes. A staff member told us of one person who loved to watch birds coming to their bird table outside their room. When the person ran out of bird food, the activity coordinator helped them make their own bird food.
- Staff monitored special dates, particularly birthdays; and these were celebrated in style with excellent quality birthday cakes made by kitchen staff and lots of pictures taken to share with relatives.
- Visiting professionals confirmed staff achieved exceptional results. A GP told us, "Dunes (unit name) have been excellent in supporting their residents with cognitive impairment and I have been impressed with their care and desire to manage their resident's behavioural challenges without resorting to medication...this has been very successful."

Meeting people's communication needs

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

- The service was fully committed to meeting the requirements of AIS. Extremely detailed communication plans were in place which considered people's individual needs. Staff had supported people to connect with family using virtual technology via their tablet and mobile phones as they found the technology supported individuals with physical limitations to communicate with family independently.
- Staff told us about communications they had with people who were unable to speak or were hard of hearing. They told us they watched people's body language for clues, such as facial expressions to establish what the person may have wanted or needed. We observed this in practice as one staff member had recognised one person was slightly distressed and very gently determined what they needed.
- Local school children were actively engaged with the home. Staff explained people received letters from school children, asking them 'how they were and hoping they weren't too sad'. Some of the people were so pleased to receive these letters and were encouraged to write letters back.

End-of-life care and support

- Staff continued to fully explore end of life wishes with people and their relatives in a truly compassionate way. End of life care plans gave clear details of how people wanted to be treated in an emergency or unexpected crisis.
- Staff were committed to working with outside health care professionals at this stage of a person's life to absolutely ensure they had a dignified and pain free passing. One GP told us, "They continue to provide excellent palliative care and recently on (one unit) they were able to manage relative expectations with severely frail residents who are approaching end of life very sensitively and ethically. Residents passed away peacefully at the home with supportive care in place."
- Staff were truly compassionate and showed love and understanding to relatives when people had reached the end of their lives. One relative told us, "At the end of May my mother's health took a turn for the worst. When it became clear that she was heading towards end of life, a bed was erected in her room which enabled me to be permanently with her for the final week of her life. All meals were provided for me. The care, love and medical attention she received during this period from all members of staff was exceptional."

Something I will never forget and shall always remain truly grateful for. My experience during the latter months of my mother's life has further reinforced a view that I have consistently held over the time of her residency, that Ridley Park is an outstanding care home."

- The service operated an end of life trolley which was used by people and their relatives during this sad time. The trolley had free items, which included various snacks and sandwiches which had been made up by kitchen staff, toiletries, magazines and other items to comfort families.
- People were supported to attend virtual funerals of loved ones or friends. One person was offered emotional support by staff throughout the funeral service of a relative.

Improving care quality in response to complaints or concerns

- Accessible ways were in place to encourage people to raise any concerns or complaints. Management, including senior managers, regularly visited individuals, giving people the opportunity to raise any issues they may have. One person said, "Think she is the top dog (regarding regional director), has been to see me yes. Just checking all is well, I think. Asked if I had any complaints. Well of course I don't I told her." One relative said, "Yes, the home has an open-door policy so able to raise any issue immediately knowing it will be dealt with appropriately."
- One complaint had been received and had been appropriately dealt with.
- A large number of compliments had been received at the service. One relative said, (message sent after family could not attend 97th birthday due to lockdown) "I did worry with me not being around whether she would enjoy the day. I shouldn't have had any concerns as all the nursing and care staff in (name of unit) suite along with (staff name) in the kitchen went the extra mile to make their birthday an extra special day. A magnificent video and several photographs were taken of the celebrations in her room which have been sent to me which I and members of my family will forever cherish."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to be at the heart of this service and other services within the provider group. One staff member said, "During the middle of the pandemic a memo went out to all Bupa homes informing them that a resident in one of their homes was celebrating her 100th birthday and with the lockdown felt she would be spending it alone. During an art and crafts session, the residents at Ridley Park were informed of this and agreed to make her a lovely birthday card with some lovely messages in the card for this lady. Photographs were taken of the residents holding the card once it was made and a banner wishing her a happy birthday, and this was sent down to the home she was in."
- Management were visible throughout the service and an open-door policy was continually promoted and recognised. People and their relatives said the service was exceptionally well led by the whole management team. People commented, "Extremely well managed. I know the manager and she usually accompanies my wife when she visits just to say hello" and "Yes, the home is well managed, and the manager is great, lovely with the residents. It's like a big family with lots of banter."
- Many relatives had taken time to post comments on a care home review website. The website showed out of 66 reviews, 52 had rated the service as excellent. One relative had written, "Everything at Ridley Park is 100%. Would always recommend this home; it is exceptional." Another relative had written, "Manager and staff have always been available to respond to our calls, enquiries, requests etc and phone calls with care, helpfulness and compassion. Covid has been a big challenge for everyone; staff have worked tirelessly to keep residents safe" and "Very tough times and we thank all at Ridley Park for their extreme hard work and support over the last 18 months."
- Healthcare professionals were very complimentary about the service and the management team, and they shared with us positive outcomes they achieved for people. One healthcare professional gave us examples of people who had put weight on or recovered from pressure damage after moving to Ridley Park. A GP said, "I feel Ridley Park continues to provide a high level of care to their residents." Another healthcare professional said, "I have no doubt that this is one of the best homes. For me it would be a hard choice between here and X (if they had to choose a care home for a relative)."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new registered manager had started working at the service since our last inspection. Staff told us an extremely dedicated and knowledgeable deputy manager carried on supporting them in their role. All staff, including management, demonstrated passion for achieving excellence.

- The registered manager had an overarching governance system to ensure that excellent quality of care was provided. This was scrutinised by the provider who also carried out regular quality assurance visits to the service and carried out monitoring checks. These were reviewed by the provider's senior managers with the registered manager and actions set where any issues had been found.
- During the inspection some recording issues were found with medicines which had been immediately addressed and the regional director said procedures would be fully reviewed to see what had gone wrong.
- All staff were extremely aware and clear on their roles and worked together to form an excellent staff team. One staff member said, "I feel that Ridley park delivers a very high standard of care, we all work together despite challenging times. We always respect each other, communicate and work as a team to solve any problems that come our way, we always go above and beyond to make sure the residents are safe and happy." Another staff member said, "In terms of learning the role, the unit manager has been fantastic and always available to look over care plans and assessments I've done and give feedback to help you learn."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from relatives described outstanding service that had been sustained over time.
- The provider continued to support staff in a number of ways, including loans, 24 hour mental health line (including counselling), retail discounts, free meals whilst at work, match funding of £250 per staff member who raised money for a registered charity and grants for up to £2000 per month to staff involved with charities where they volunteer or are a trustee.

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff maintained a strong working relationship with others. The deputy manager told us, "At the start of the pandemic the unit manager was very keen to take the role from district nurses who would normally visit the home during the early stages of the COVID pandemic to enable the district nurses to better support the community." GP's and community nurse teams commented on how well the staff team worked with them to give people the absolute best possible care. Health care professionals stated staff were highly proactive at identifying issues, alerting professionals and working with professionals to resolve the problems. A pharmacy technician from Northumbria healthcare had sent an email thanking the home for their visit and saying, "It was a pleasure to come into such a lovely care home with such friendly staff." One staff member commented, "I have seen that communication between the home and care managers is fantastic. Everything is communicated from unexplained bruises to changes in presentation and any worries or concerns no matter how small."
- There was a strong emphasis on continuous learning and improving care for people. For example, the home had developed a community action plan which would take the service forward into 2022. This included inviting residents from local sheltered accommodation to come for lunch, people going to a new dementia café at the local church, setting up a bridge club and knit and natter group within the home for people and the local community.
- Staff continued finding ways to improve support for people. During the COVID-19 pandemic, staff realised people could not go to shows or other entertainment as they used to, so the activity coordinator sourced live streaming events which could be shown in the home so people could still see and enjoy the things important to them live. For example, live Northumberland youth ensemble evenings and live theatre shows
- Staff continued to raise money for a number of charities. A charity run had taken place with staff members involved and they were supported by residents who helped them raise money. Dementia coffee mornings had taken place and other fund-raising ventures had occurred, all involving people in some way.
- The provider had recognised the national issues with recruitment and in order to address this and try to

retain staff, they were currently reviewing pay. The provider had also offered placements to student nurses, other people looking for work and worked with educational facilities. A work placement organisation commented, "[Registered manager name] has been amazing" and "We are very happy with the relationship we are developing."

- Management understood the duty of candour responsibilities. Any incidents which needed to be reported to relevant persons, were done so in robust manner.