Anchor Trust

Ridgemount

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

Summary of findings

Overall summary

Ridgemount is a care home service without nursing for up to 66 older people, some who may have dementia. 61 people lived here at the time of the inspection.

There was not a registered manager in place. 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.

A new manager had been recruited to become the registered manager and was due to start at the home within a few weeks of this inspection. Senior management support was available at the home while the recruitment process was underway.

At the last inspection on 17 May 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe living at Ridgemount. Staff understood their roles in keeping people safe and protecting them from abuse. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment.

Staff understood any risks involved in people's care and took action to minimise them. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. There were sufficient numbers of staff to meet the needs of the people who live here.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Staff received comprehensive training, regular supervisions and annual appraisals to ensure they could meet and understand the care needs of the people they supported.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified.

People's individual dietary requirements where met. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families. People were encouraged to be independent.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

The management team provided good leadership for the service. They were experienced in their role and communicated well with people, relatives and staff. Staff felt valued and had access to support and advice from the management if they needed it. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The deputy manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

Further information is in the detailed findings below.

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.

Staff understood their roles in keeping people safe.

The provider had identified risks to people's health and safety with them, and put in place guidelines for staff to minimise the risk.

There were enough staff to meet people's needs and keep them safe. Appropriate checks were completed to ensure staff were safe to work at the service.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good

The service remains Good.

Staff had access to appropriate support, supervision and training.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell. The care provided by staff helped people to get better.

Is the service caring?

Good

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy

and dignity.

Staff supported people in a way that promoted their independence.

People were involved in planning their care.

Is the service responsive?

Good

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities.

People were supported to complain should they wish to. People were encouraged to give their views about the service they received and these were acted upon.

Is the service well-led?

Good

The service remains Good.

The management provided good leadership for the service.

Quality assurance records were up to date and used to drive improvement throughout the home.

People and staff were involved in improving the service. Feedback was sought from people via a survey and regular meetings.

Records were well organised and up to date.

Ridgemount

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 May 2017 and was unannounced. This was a comprehensive inspection carried out by three inspectors.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

During the inspection we spoke with 13 people who lived at the service and three relatives, one visitor and two visiting health care professionals. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the deputy manager and seven members of staff. We also spoke to two area managers from the provider. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Good

Is the service safe?

Our findings

People were safe living at Ridgemount. One person said, "(I feel safe because) there is always someone around. Staff are always popping in and out."

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. Safeguarding was discussed in team meetings.

People were kept safe because the risk of harm from their health and support needs had been assessed. Risk assessments had been carried out to keep people safe while supporting them to be independent. For example managing falls through the use of equipment such as walking frames. A relative said, "My family member is as safe as they can possibly make her." Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. People confirmed they did not feel restricted.

Accidents or incidents were recorded and reviewed to reduce the risk of them happening again. The manager and team leaders reviewed all accident/incident reports to check look for patterns that may indicate a change in a person's support needs. They also checked that any actions identified as necessary to prevent a similar event occurring had been implemented.

There were enough staff to keep people safe and meet their needs. One person said, "Yes, there are always staff around." Another person said, "You only have to ask for something and they're there." The staff rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. The management had listened to feedback from people and staff and recently reviewed the dependency levels. This resulted in a plan to increase staffing on the ground floor.

There were safe recruitment practices in place. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also checked on staff's eligibility to work in the UK, to ensure they could be legally employed.

People's medicines were managed safely. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately.

People lived in a safe home. Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and fire-fighting equipment were professionally inspected and serviced at regular intervals. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

The home was clean and hygienic. There was a cleaning schedule in place to ensure that people were protected from the risk of infection. Standards of infection prevention and control were checked regularly as part of the provider's quality monitoring system.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. A staff member said, "The training is very good. They train you well." All staff attended an induction when they started work and had access to refresher training in core areas. Staff told us they were able to access any additional training they needed through the provider via e-learning.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with a team leader or manager, as well as annual appraisals. On staff member said, "Supervisions are useful. We talk about the residents and talk about training." These supervisions enabled staff to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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 understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. This was confirmed by the people that lived here. One person said, "The staff usually ask me before they do something."

People's best interests had been considered when decisions that affected them were made. The provider involved all relevant people, such as families and healthcare professionals, to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and being under constant supervision by staff.

People were supported to ensure they had enough to eat and drink to keep them healthy. One person told us, "The best thing (about living here) is the food. It's very good. If I don't like it, I don't eat it and they make me something else." People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. People were protected from poor nutrition as they were regularly assessed and their weight was monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. One person said, "They get the doctor if you need it. If you're not well, you only have to tell your carer and they will tell the team leader who will come and see you and find out why you are not feeling well." People had access to health care professionals such as GP's, opticians, and dieticians. Where people's health had changed appropriate referrals were made to specialists

to help them get better. A health care professional said, "Staff are helpful, they identify patients for me and they send appropriate referrals."

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and that staff were caring. One person said, "Service is brilliant. The staff look after me very well, the staff are brilliant." Another person said, "They [the carers] do a first class job." A staff member said, "Residents are like family. We respect them."

Staff knew people well and understood how they preferred their care and support to be provided. One person said, "They do everything for you. We're very lucky." A relative said the staff weren't, "Phased by my family member's dementia. They treat the person behind the disease." People were encouraged to make choices about their care and support. Support plans were reviewed to ensure they continued to reflect people's needs and wishes. People and their relatives were able to contribute their views to this process.

Staff treated people with dignity and respect. One person said, "Staff talk to you like you're part of them, not like someone else – it's really wonderful. It couldn't be better." Another person said, "What I like is that staff make sure you look respectable and ready for the day." People and their relatives said they could have privacy when they wanted it and that staff respected this. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. One person said, "Staff treat you like you are an individual. They are always conscientious and think about what's best for you." Staff were caring and attentive with people. For example one person due to their health care needs felt distressed and kept on asking for help. A staff member frequently went to the person to reassure them, got down to their level, held their hand, and reassured her. People were supported by staff that knew them as individuals. Relatives said that the carers knew people well and knew how they liked to be cared for. Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

People were encouraged to be independent, and be involved in their own care and support. One person said, "Staff leave you to do what you can – they don't take over."

People were supported to maintain relationships with their friends and families. A relative said, "They're wonderful, so kind. They make us feel like a family. They do tiny simple things like if the housekeeper is hoovering outside my family member's door, she will come and say she'll shut the door so not to disturb us." Relatives were invited to events at the home, which were well attended, and people were able to invite guests whenever they wished.

Good

Is the service responsive?

Our findings

People had access to a range of activities many of which focussed and promoted peoples well-being, physical and mental health. One person said, "You can do what you want here and spend your time how you want." Another person said, "There is always something going on." She told me they could go outside if they wanted to. People told us they would like more outings. A relative said, "There are a lot of activities she can't join in on, but the staff are always trying to come up with things that she can do. They don't stop trying." However other people and relatives we spoke with felt there should be more to do. It is recommended that the provider review the activities on offer so that people have a choice of more individualised activity to suit their interests and hobbies. During our inspection care staff spent time with people talking to them, or encouraging them to take part in puzzles and games, so activities were taking place. People were supported to go out into the local community of they wished.

People's needs had been assessed before they moved into the service to ensure that their needs could be met.

People received care that was personalised to their needs. People and relatives were involved in their care and support planning. A relative said, "They let me be involved in the care, they don't shut me out. I feel they value me and my input." Another relative said, "They are good at doing reviews and I am involved." People's care and support needs were kept under review and support plans were updated if their needs changed. A healthcare professional said, "They give good care."

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs.

There were appropriate procedures for managing complaints. People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. One person said, "I don't have any grumbles but I know I could speak to staff if I did."

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. A relative said, "I'd recommend the home to anyone." She added, "There is consistent middle management." A staff member said, "It's a happy home, we work as a team."

In the absence of a registered manager the provider had put into place senior management support for the deputy manager. This enabled the deputy manager to ensure a good quality of service was continued whilst a new registered manager was employed.

The deputy manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The deputy manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals. Relatives told us the manager communicated well with them and they could contact the deputy manager whenever they needed to.

The deputy manager provided good support to the staff team and to the people living at the home. Team meetings took place regularly and were used to ensure staff provided consistent care that reflected best practice. One staff member said, "We have staff meetings and discuss things like staff changes and what should be done regularly."

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. One staff member said, "He (the deputy manager) is superb, you can go and talk to him. He is very approachable and understanding." Another staff member said, "The management do look after us." Staff told us the deputy manager had an open door policy and they could approach him at any time. Staff felt supported and able to raise any concerns with the deputy manager, or senior management within the provider.

The management were proactive in working towards continuous improvement. For example, the assessment process for people wishing to live at the home was being reviewed and updated. This had been successfully implemented at other Anchor homes, so the best practice was shared across the organisation. The management also responded well to feedback that had identified areas for improvement. External quality assurance visits had been completed and where improvements had been identified action had been taken to correct the issues.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed by the manager and staff on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. The information form quality assurance checks and management reports was compared against other homes within the Anchor Homes group so the provider could identify if a certain home needed additional management

support, or if a pattern of similar failures appeared across their services.

People and relatives were included in how the service was managed. There were resident and relative meetings. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the manager had a good understanding of the care and support given to people. People and staff were consulted during these audits to give their views.