

Ridge House Residential Home Limited

# Ridge House Residential Care Home

## Inspection report

Church Street  
Morchard Bishop  
Credon  
Devon  
EX17 6PJ

Tel: 01363877335

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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

Ridge House Residential Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The care home accommodates 15 people in one adapted building.

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

People told us they were very well cared for by staff who were passionate about providing the best possible care. People and their families described how lives had been enriched since moving to the home.

Comments included, "They are just such kind, caring people and [person] is so much happier now than they were at home by themselves every day". People told us staff treated them with respect and dignity. A person said, "They don't just walk in and out of the room. They knock, and they check I'm happy before they leave."

Staff were responsive to people's changing needs. Staff were observant and worked with other professionals to overcome problems and make sure people received the best possible care. Staff understood each person's individual communication needs.

People's social needs were met following discussion and agreement with people. An activities calendar was displayed in the lounge. A health professional told us, "I have seen activities taking place where residents willingly get involved and enjoy themselves, which of course is such a joy to see". If people did not want to join in group activities staff spend time with them individually. People were supported and encouraged to go out regularly, and to participate in the local community.

People living in the home, their relatives, staff and professionals were unanimous in their praise for the management of the home. A member of staff said, "[Registered manager] has so much patience. She is wonderful. She always helps out with everything. She is dedicated". The home had been recognised for the high standard of care they provided. The home was rated one of the top 20 care homes in the South West by a national care organisation in 2018 and 2019. There were detailed and thorough audits and regular checks on all aspects of the service, such as medicines, food, cleaning and care plans which ensured people received a safe and effective service. Comments included, "The managers run a tight organisation and actually check things get done correctly, not just leaving it to chance. There are regular checks"

People told us they felt safe. Comments included, "I have actually heard [the registered manager] discussing safety as their top priority with the carers on more than one occasion." There were sufficient staff to meet people's needs safely. Staff were carefully recruited and the turnover of staff was very low. Care was taken to ensure all aspects of the service were entirely safe. Medicines were stored and administered safely. The home was clean, well maintained, and regular checks and servicing was carried out on all equipment. Risks to people's health and safety were recognised, and systems were in place to reduce risks where possible.

The service was effective. Staff were well trained, received regular supervision and good support. People's needs were carefully assessed before they moved into the service and a plan of their care needs was drawn

up and agreed with them. Care plans provided very good detail setting out all aspects of each person's needs, likes and dislikes. People told us they enjoyed the meals and were offered a good range of food and drinks to suit their dietary needs and preferences. Comments included, "Care is not just provided without thought; it's based on the person's own capacity and adjusted to suit what they personally need support with, so they retain the skills they have".

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Outstanding. (Published 3 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 effective findings below.

# Ridge House Residential Care Home

## **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

The service was inspected by one inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was carried out by one inspector.

#### Service and service type

Ridge House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection we looked at the information we had received about the service since the last inspection. This included notifications, enquires and information from the public. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with, or observed the care given to 13 people who lived in the home and two people who visited the home regularly for day care. We also spoke with two relatives and two professionals who were visiting the home. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, the management advisor and five members of staff.

We looked around the home and checked all bedrooms, the laundry and communal areas. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including health and safety checks and related documents, and some policies and procedures.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received e mails from one professional who regularly visited the service and three relatives.

# 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.

### Assessing risk, safety monitoring and management

- All of the people we spoke with told us they felt safe. Comments included, "I feel safe because the [care staff] are always around and that helps in keeping me safe", "The manager is so careful about safety and doesn't allow anything past if it's unsafe" and "I have actually heard [the registered manager] discussing safety as their top priority with the carers on more than one occasion."
- Care was taken before people moved into the home to assess any risks associated with their personal health or safety. Risk assessments were completed, and procedures were put in place to ensure staff knew how to help them remain safe. Risks such as moving and handling, skin care, falls, malnutrition, and dehydration were assessed, and care plans contained clear instructions to staff on how each risk should be managed. Each risk was reviewed regularly and updated where necessary. There were no people with significant risks at the time of this inspection.
- Assessments had been carried out on the environment to identify any potential hazards. Actions had been taken where necessary to reduce the risks, for example, radiators were covered to reduce the risk of burns, and windows had been restricted to prevent falls from heights. All equipment, for example hoists and fire safety equipment was regularly checked and serviced. Audits were carried out regularly on all aspects of safety to ensure people were safe.

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

- Staff told us they had received training and regular updates on safeguarding. They were confident they could recognise abuse and knew how to report it. Policies and procedures were kept in the staff room and staff knew where to find document relating to safeguarding and how to report any suspicions of abuse. Staff were asked to complete a questionnaire before their supervision on topics including safeguarding and their responses were discussed during the supervision sessions.
- The registered manager was fully aware of local safeguarding reporting procedures. They had reported incidents promptly when they occurred to all relevant agencies. They worked with other professionals and people's relatives where necessary to ensure incidents were carefully investigated and actions were taken to prevent recurrence.

### Staffing and recruitment

- Care was taken when recruiting new staff to ensure they were entirely suitable for the post. Checks and references were taken up before applicants were offered a post. There was a very low turnover of staff. Many of the staff had worked in the home for a number of years. The provider told us, "We have not had to use agency services to staff for many years, our staffing is consistent, set rota's in place to help provide stability and sense of familiarity for our residents".
- There were enough staff employed to meet people's needs safely. People we spoke with, relatives and

staff told us there were always enough staff on duty to ensure people received prompt attention when they needed it. During our inspection staff were attentive to people's needs and provided assistance in a careful and unhurried manner. Call bells were answered promptly.

- Staff told us there was excellent teamwork and co-operation among the staff team. If a member of staff was unexpected off work other members of staff were always willing to step in and cover for them.

#### Using medicines safely

- Medicines were stored and administered safely. Medicines were supplied monthly by a local pharmacy. Medicines were supplied in bottles and packets rather than monitored dosage blister packs. When medicines were received into the home they were carefully checked to ensure they were correct.

- Staff followed safe procedures when administering medicines. Two staff attended each medicines round. They double checked each administration procedure to ensure the medicines were given to the right person, and the right dose. Staff explained to people the medicines they were giving them and checked they were happy to take them, for example, "We have some paracetamols for you. Is that alright?"

- Signatures were entered on the medicines administration record (MAR) to evidence they had been administered correctly. Each day the number of tablets left in the bottles or packets was counted and recorded to ensure the correct number remained. This reduced the risk of error and ensured that any mistakes or omissions were picked up and addressed quickly.

- Prescribed creams and lotions were recorded when administered. We noted that instructions for some lotions stated they should be applied daily, but the records did not show daily signatures. The registered manager told us that the skin conditions had improved, and the instructions had been changed to 'as required' but this had not been updated on the MAR. They said they would contact the GP and pharmacy to ensure the MAR was updated.

- Staff who administered medicines had received training and regular updates. There were monitoring systems in place to regularly check that safe systems of medicine administration and storage were being followed. Staff observations were carried out by the registered manager.

- The service promoted independence by supporting people to self-administer their medicines where possible. Risk assessments were carried out to identify the level of risk and the support each person needed with their medicines. A secure lockable cabinet was provided to ensure safe storage of medication.

#### Preventing and controlling infection

- Staff received training and regular updates on health and safety, Control of Substances Hazardous to Health (COSHH), infection control and food hygiene. The house keeper told us they had received a thorough induction when they started working in the home which included training on all essential topics and a period shadowing another experienced member of staff before working.

- All areas of the home were clean and free from any odours. The housekeeper told us all rooms were cleaned daily, and 'deep cleaned' once a week. Bedding was changed at least once a week and more often if needed. Care was taken to make sure all bedding and towels were in very good condition. The housekeeper told us, "All the towels are really nice. All the bedding is nice."

- A recent inspection of the kitchen and food preparation processes by the local authority Environmental Health department showed that all aspects of food safety and kitchen hygiene were entirely satisfactory. They were given a five star rating which is the highest level.

- Despite the small size of the laundry room, the room was tidy, clean and well organised. Safe procedures were followed to reduce the risk of cross-infection. Care was taken to make sure personal laundry was returned to the correct owner within 24 hours and was neatly ironed, clean and in good repair.

- Staff had good access to protective equipment such as gloves and aprons. The housekeeper explained how they changed their gloves between cleaning each room, and when they started a new task.

- A professional who visited the home regularly told us it was "Always spotless. Always really nice, clean."



### Learning lessons when things go wrong

- There was a positive approach to learning lessons when things went wrong. The registered manager reviewed the issue, identified what went wrong, and took steps to prevent the problem recurring. For example, where medicines errors had occurred the registered manager printed out the medicines policy and made sure staff read, understood and followed the policy. She had highlighted the importance of checking the MAR chart carefully before administering each medicine.
- Staff told us they were comfortable to speak out if they had made an error.

# 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

- People, relatives and visitors told us they were entirely satisfied with the way care was delivered. A relative told us, "I've never once had any doubt that coming here was the best decision to keep [person] safe and protected but able to enjoy life well, too".
- Before people moved into the home their needs were carefully assessed and a care plan was drawn up and agreed with them. Staff took care to get to know people and help them settle in as quickly and happily as possible. A relative told us their loved-one had been very reluctant to move into residential care and went on to say, "But, with the patience and encouragement of the staff she has reached a degree of contentment and relaxation that I didn't expect so soon.
- Care plans were detailed and covered all aspects of each person's daily care needs. The plans covered all aspects of people's health needs. Important information was highlighted in red to ensure care staff understood and followed the instructions. People told us staff understood and respected their routines and preferences, for example a person said, "I'm never mistreated in any way here. I like to stay up and not go to bed till 10pm or 11pm and they are fine with it. I'm never told what to do."
- People and relatives said care was always provided in a personalised way that met each person's individual need. Comments included, "Care is not just provided without thought; it's based on the person's own capacity and adjusted to suit what they personally need support with, so they retain the skills they have".

Staff support: induction, training, skills and experience

- People told us the staff were well trained. Comments included, "I think they all have the necessary training to keep us all safe".
- New staff received a thorough induction at the start of their employment covering all aspects of their job. New staff who had no previous experience in care were expected to gain a nationally recognised qualification in care in the first weeks of their employment. New staff also spent time shadowing experienced members of staff until they were assessed as competent to work on their own.
- Training records showed staff had received training and annual updates on topics the provider had identified as essential. These included health and safety topics and safeguarding. Many of the staff had also received training on topics relevant to people's personal care needs, for example end of life care, dignity in care and diabetes awareness. A member of staff said, "We can ask for additional training on any extra topics we need". Training records contained evidence of worksheets completed by staff to test their understanding of the subject.
- Staff told us the training was good and was delivered in a way that met their individual learning needs. While most of the training was delivered by a specialist trainer, training could also be delivered in other

ways, for example computer-based courses.

- Staff were supported and encouraged to gain relevant qualifications such as diplomas. Most of the staff already held a relevant qualification, and some told us they were in the process of gaining higher levels of qualification.

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

- People told us they always enjoyed the meals. They were offered alternatives for each meal, and they could always ask for something else if they did not like the main choices offered. Comments included, "The food is excellent, and they have no problem with it if you dislike a particular food", and "The food is cooked very well, and everyone tucks in because it's the type of food they know and like." The cook told us, "People can have whatever they want".
- Staff knew each person's likes and dislikes and dietary needs. At the time of this inspection there were no people who were at risk of choking, therefore no meals were softened or pureed. The cook had information about each person's dietary needs and preferences. Comments from people included, "I can make my own choice of what I like to eat and also they know my likes and dislikes, like they know I always have pickle in my sandwiches."
- Menus were displayed in the dining room each day. When people were given their mid-morning drinks a member of staff told them the main meals offered that day and asked for their preferences. Some people were given copies of the menus if they wished.
- People were supported and encouraged to drink plenty of fluids. Hot drinks were offered regularly, and people always had access to cold drinks. Snacks were available in the lounge for people to help themselves.
- Feedback was sought from people on the quality of the meals. They also asked people for their comments about the menus and ideas for menu changes.
- The provider told us, "All of our food is cooked on site, almost all of the food we serve is home made and of excellent quality. We use locally sourced suppliers where possible. Eggs are free range, meat, milk, fruit and vegetables are all supplied to us from local business".

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

- The home was an older property that had been adapted where possible to suit people's mobility needs. Ramped access had been installed to the front door and on the ground floor to allow people to move around easily. There were chair lifts between the ground and first floor. The ground floor bathroom had been recently improved to provide an easy access shower as well as a hoisted bath.
- All areas of the home were comfortably decorated and furnished. People were encouraged to bring items of furniture and personal effects to make their rooms feel homely.
- People told us they were able to get around easily. Comments included, "The building is well kept and suits my needs completely which I think also makes it a safe place for me" and "I mentioned that getting in and out of the front door was a problem and straight away they organised a new ramp which is much better for me."
- The providers had reviewed people's access needs and had made improvements where necessary. In their PIR they told us, "Since our last inspection we have purchased three nursing beds, purchased increased pressure care equipment and manual handling equipment". They were planning further improvements including an extension to provide improved facilities.

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

- People told us they were confident staff noticed if they were unwell and made sure they received prompt and appropriate medical attention. A person told us, "I feel they genuinely mean it when they ask how I am or how I feel that day. They listen to the answer. It's not just them being polite."

- Staff were determined to make sure people received the best possible care. They sought professional advice when necessary to help them find solutions. A health professional told us, "I am occasionally referred patients from Ridge House, but this is rare, and I feel is testament to how well the resident's needs are understood and met. When I am asked to assess a resident at Ridge House [registered manager] is always there to greet me and provide a detailed history of the issue. She acts on my advice in a timely manner and she and her staff do all they can to assist the resident in their recovery".
- A GP who was visiting the home on the day of our inspection told us, "We have no concerns at all. This is a really good home".
- Staff had received training on oral health and understood how each person wanted to be supported to look after their teeth. Care plans contained oral hygiene assessments for each person which set out clearly the person's oral health needs. Good oral health care was promoted in the home, for example through posters and information in the staff room.
- People told us they were supported to receive check-ups and attend health appointments. ● People also told us staff helped them keep their spectacles, hearing aids and dentures well maintained and reminded to wear them.

#### 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. There were no people living in the home at the time of this inspection who were subject to any deprivation of liberty.

- Staff had received training on the MCA and DoLS. Staff understood the importance of giving people choices and supporting people to make decisions about their daily lives.
- Care plans contained evidence that people had been consulted on their care and treatment and had given their consent.

# 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 as Outstanding. At this inspection this key question is now rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated and supported. Staff respected people regardless of their backgrounds, beliefs or disabilities. People told us staff treated them as an individual with a personal history and hopes for the future. If people lived with illnesses that caused them to act in ways that might cause upset to others the staff took the view that every person was a valued individual. They asked the question, 'how can we meet this person's needs?' They sought advice from specialist professionals and worked with the person and people important to them to find solutions.
- Staff were passionate about their jobs and were determined to make people's lives as happy and fulfilling as possible. For example, a member of staff knew that some people were affected by the change in the seasons and the dark and gloomy days. During our inspection they went around to people and asked what plants they would like in the tubs outside their windows. One person said, "Something bright and cheerful. Pansies. They are always cheerful at this time of year". When the member of staff had finished their shift they went with a person who lived in the home to a garden centre to choose some plants. They returned later in the afternoon and then worked alongside the person to plant the tubs with colourful plants for the winter.
- Staff were cheerful and described how they enjoyed making people smile. A member of staff explained how they loved to make everyone feel engaged and involved in the home, even those who chose to remain in their rooms during the day. For example, when there were national events such as sporting or royal occasions they went around to each room and, with their agreement, switched on their televisions or radios. They then went around to each person in turn as the events unfolded, describing what was happening and discussing what they saw. For sporting events, when there was a goal or a sporting triumph, the member of staff told us how everyone shared in the happiness as the cheering could be heard around the home.
- Staff understood the things that mattered to people, no matter how small, and their preferences. Staff took time to make sure people were happy and comfortable at all times. For example, a member of staff told us that a person really enjoyed a wet shave. They told us, "He really enjoys it. It makes a big difference."
- Staff had time to sit and talk with people, either in the communal areas or their rooms. They also spent time with people's relatives and friends, making them feel welcomed and involved.
- Each person received a gift from Ridge House on their birthday, and the day is celebrated with a birthday cake, balloons and banners. At Christmas people receive presents from the staff, and a meal at the local pub. People help with decorating the Christmas tree.
- If people chose to remain in their rooms rather than socialising with other people their wishes were always respected. Staff took time and care to engage and involve people in daily life in the home in ways that met their individual needs. After the inspection a relative of a person who had died a little while ago told us the person had been "content with her life in her room where she had her own TV, radio, her daily newspaper

and many visits from carers who took time to chat, talk about the outside world and their own families and lives outside their work". They went on to say, "She met with nothing but kindness, thoughtfulness and a level of care that she had not expected. Nor had I."

- Visitors to the home were always made to feel welcomed. A relative said, "The staff are friendly and helpful, so families feel welcome and comfortable visiting". A visiting professional told us, "I love coming here. It's so nice. The staff make me feel so welcome. All the staff are lovely".
- People and their families described how lives had been enriched since moving to the home. Comments included, "They are just such kind, caring people and [person] is so much happier now than they were at home by themselves every day" and "It's very relaxing and friendly here and I know more people now than I did when I was living alone in my own place."

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

- People and their relatives and visitors were encouraged to have a say about everything that happened in the home. For example, people were regularly invited to have their say about the meals, and to make suggestions for changes to the menus. They were also asked about the activities they wanted staff to organise. For example, people had recently told staff they wanted an animal therapy organisation to visit more often, and this was agreed and actioned.
- People were regularly asked to complete questionnaires giving their views on all aspects of the service.
- People told us they were encouraged to make their own decisions and that staff listened to them and acted on their individual wishes. The registered manager went around to chat to people each day to make sure they were happy with all aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and dignity. A person said, "They don't just walk in and out of the room. They knock, and they check I'm happy before they leave." A relative said, "It's about building trust and respect and keeping a sense of humour and being aware of [person's] moods on a day-to-day basis. They get it just about right." During our inspection we saw staff supporting people in a respectful and caring manner at all times.
- Staff explained how they promoted people's dignity when carrying out personal care. Examples included making sure people were covered with towels before and after bathing, knocking on doors, and keeping doors shut when assisting with personal care.
- Staff supported people to retain as much independence as possible. When people's illnesses meant their needs fluctuated, staff were discretely observant, giving people time to do as much for themselves as possible before offering support. For example, at lunchtime a person was very slow to eat their meal. Staff waited for a while before offering discrete support. Staff told us that often the person was able to eat their meal very easily without support, while at other times they were slower. Staff had liaised with the person and their family to agree their approach, and this had helped the person retain as much independence and dignity as possible.

# 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 as Outstanding. At this inspection this key question is now Good. This meant people's needs were met through good organisation and delivery.

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

- Staff were responsive to people's changing needs. Where people were living with dementia the registered manager and staff team demonstrated a determination to do everything possible to enable them to continue living there safely and happily. They understood that people benefitted from being in an environment with the right mental stimulation to meet their individual needs. Staff showed they cared about each person regardless of how their illness or disabilities may affect their behaviour. They worked with each person, their relatives and professionals to agree strategies to ensure staff knew how to offer the most effect support.
- For example, we observed an incident that might have caused upset to people in the lounge area. A member of staff followed their agreed protocol, which was carried out in a discrete, firm but caring manner. The incident was quickly addressed and through the staff member's prompt action other people in the lounge continued to show caring and friendship towards the person.
- A relative told us, "We became extremely worried because [person] was so happy at Ridge House in every other respect and it would have been very upsetting to both [person] and us to have had to move [them]". They went on to say "[The registered manager] was very sympathetic to our concerns and engaged with us closely about this problem. Through a series of meetings and discussions (between ourselves and [registered manager] and with [registered manager] and the GP and mental health team) we worked a way through it". They also said, "We are so pleased that the staff have been willing and able to deal so creatively with [person's] problem and 'protect [them] from [themselves]' in an inobtrusive, respectful and non-confrontative way".
- The registered manager gave us further examples of how the well-being and mental ability of people living with disability or dementia had improved since moving into the home. The staff team had gathered as much information as possible about each person's past life and this helped them understand the person's unique personality, and the reasons why they may behave in a certain way. Through observations and spending time getting to know people the staff had helped people cope with change, loss, and sadness. Strategies included ensuring people received mental stimulation that suited their individual needs, and helping people feel involved and included in daily life and group activities, even if they chose to remain in their rooms.
- When a person moved into the home they initially chose to pay for an external person to take them out, for example for walks in the nearby area. The provider decided it was their responsibility to provide this service. They considered every person might prefer an independent person to visit and offer flexible support, in addition to the support the care staff provided. They arranged for the independent visitor to visit the home on a regular basis to provide flexible one-to-one support for people. This gave people the reassurance they could request the support as and when they wanted it, and could also choose how they wanted to spend the time. It also gave them an external person they could talk to about any matter they chose.



- One person decided they would really like some help to do jigsaw puzzles, and this arranged with the external visitor. The person expressed great satisfaction at having achieved this activity.
- Staff recognised that people living with dementia were still able to understand what staff said, even though they may no longer be able to respond verbally. The registered manager told us they had ensured staff listened, watched and talked to people, saying, "[people] can understand what you are saying. It's the dementia that prevents them from responding verbally". Staff had developed a close bond and understanding of a person who was no longer able to communicate verbally. The person had at times been resistant to support from staff, but as staff increased their understanding of the person they were able to 'listen' to the person. Through giving the person choices and watching their non-verbal responses staff supported the person to retain as much independence as possible. The person no longer resisted offers of support
- A relative said, "Mum is often able to communicate how she is feeling by using some words or expressions and the staff are attuned to that". They went on to say, "The staff have taken time and care over familiarising themselves with mum, for example understanding the things she likes and doesn't like, how to deal with her personal care with respect, activities she might like to join in with - maybe just as an observer, while still feeling included".
- People told us staff were observant and understood each person's needs. A person told us, "The staff are just sensible. They wouldn't put a steaming cup of tea in front of [person's name] because they know there's confusion and forgetfulness. They just think carefully about what they're doing."
- Great care had been taken when drawing up and reviewing care plans with people and their relatives to ensure all aspects of their needs were clearly documented and up-to-date. Care plans were detailed, easy to read, and ensured staff fully understood how each person wanted to be supported. Each person's usual daily routines were explained along with their likes and dislikes.
- The plans were reviewed and updated at least monthly. A senior member of staff met with each person to review their care plan and to make sure they were satisfied with the care. People told us they felt the care met their individual needs and confirmed their care plans were an accurate reflection of their needs and wishes. The provider told us, "All of our residents are involved in the planning of their care. They all have much involvement in building their care plans which are personal and detailed covering all aspects of their care. They are all empowered to make their own decisions, they are all truly valued and we treat everyone with the utmost respect".

### 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.

- Staff understood each person's individual communication needs. For example, one person who was deaf used a notepad and pen for staff and visitors to record what they wanted to say. Staff described how they communicated with the person. A member of staff said, "We have to write everything down. We are happy to give her the time she needs."
- People were offered information about the home and their care in a format they could understand. For example, people with a visual impairment were offered an audio version of their care plan.
- Care plans explained people's communication needs. The care plan of a person who was unable to communicate verbally instructed staff to be vigilant to their non-verbal communication methods through their facial expressions. The care plan stated, "Ensure [person's name] has fully understood before assisting and reassure with clear instructions".

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

- When people moved into the home staff took time to gather as much information about the person's background, family, work and interests. This information was used to help them agree how they met the person's social needs. Staff respected and understood each person's wishes on their preferred daily routines, and how the person wanted to socialise with friends and families and other people in the home.
- A wide range of group activities were provided following discussion and agreement with people. An activities calendar was displayed in the lounge. Regular activities included quizzes, music and visiting animal organisations. A health professional told us, "I have seen activities taking place where residents willingly get involved and enjoy themselves, which of course is such a joy to see". A person told us, "My mental stimulation is the TV, daily newspaper and I join in quizzes and things to keep my mind alert and that's going to keep me safer, isn't it?"
- People were supported and encouraged to go out regularly, and to participate in the local community. Comments included, "I visit the bakery regularly, to buy a pastry or some bread for feeding the birds" and "I have a personal walking regime which staff know I do and that it helps keep me physically and mentally healthy." People were accompanied by staff if requested, for example, "I can get into town, either I walk on my own or someone comes with me, so I get the physical exercise and some company. So that all helps keep me safe"
- If people living with early stages of memory loss wanted to continue to go out independently, staff supported them to do so in as safe a way as possible. They agreed strategies with people, for example by putting signs in their room to remind them to let staff know when they went out, and where they were going. Staff offered to accompany people if they wished. Risk assessments were carried out and regularly reviewed. Staff knew the routes people regularly walked and when they were expected to return.
- There were regular visits to the home from a music therapy company. They told stories, sang with people, did music quizzes and brought a selection of percussion instruments for people to play. This activity was always well received. They also received monthly visits sessions from a company specialising in craft activities.
- A local library service visited once a month to provide a regular supply and good variety of books for people to read.
- The home employed a private physiotherapist to visit the home each week to provide group exercise sessions. They also offered advice and support on any individual mobility issue. For example, staff were concerned that a person who had recently experienced a fall may no longer be able to go out for walks every day. The physiotherapist had been asked to carry out an assessment and we were told a plan would then be put in place for staff to accompany the person on their daily walks to build up their strength and confidence.
- Birthdays and special occasions were celebrated with a party. Photographs showed people enjoying parties with balloons, banners, cards and flowers. A garden fete earlier this year raised a significant amount for a local charity.
- Staff knew the television and radio programmes people enjoyed and reminded people when these were on. They told us Songs of Praise and Countryfile were firm favourites with many people. They also knew the sports programmes some people were interested in.
- The providers responded positively to requests or suggestions to improve facilities. For example, they subscribed to television provider that enabled people to watch their favourite sports. They also invested in a larger television, which meant people could read the subtitles better.
- Many people chose to spend much of their day socialising with other people in the lounges and dining areas. Where people chose to remain in their rooms staff respected their wishes. Staff explained how they spend time with these people, sitting and chatting, and encouraging people to talk about their past. A member of staff gave an example of a recent conversation with people when a well-known local hotel burnt down. They said this had brought back many memories and had been a good talking-point.

- The registered manager had identified a need, through regular care reviews with people, a need for input from people from outside the home to visit regularly and provide additional social interaction for people. This was arranged by contacting a local organisation called 'Friendly Faces'. People were also offered support from a local person who provided a range of enabling services including supporting people to go out to places they wanted to go to.
- Relatives and friends said they were made welcome whenever they visited. They were offered drinks and could share a meal with the person if they wished. A person told us, "The best thing is my friends can come to visit and I still feel part of my community, even though I'm living here now."
- People were able to purchase treatments such as hair care, beauty and foot care from visiting professionals if they wished.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they would not hesitate to complain if they felt it was necessary. People told us they felt able to express their opinions without fear of repercussions. A person said, "I haven't had to complain, but once I did let them know someone else was being very rude and they took action straight away and dealt with them very sensitively, because they weren't meaning to be rude really." Another person said, "I don't like to complain, but if I do it gets sorted out".

#### End of life care and support

- Care plans set out the care each person wanted at the end of their life. For example, one person had stated how they wanted to be dressed after they had died.
- Staff had received training on end of life care.
- There were no people close to the end of their life at the time of this inspection.

## 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 as Outstanding. At this inspection this key question is now rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was well-led and well organised. People living in the home, their relatives, staff and professionals were unanimous in their praise for the registered manager. A member of staff said, "[Registered manager] has so much patience. She is wonderful. She always helps out with everything. She is dedicated". A person living in the home said, "The manager knows us all well and plans everything in advance so there are no problems or surprises". A visiting GP told us, "[Registered manager] is really good. The staff are really caring. There is a very stable staff group here." The registered manager went around to speak with every person each day to make sure they were well, and they were happy with every aspect of the service.
- The registered manager was proactive and visible in the home. They covered care shifts when necessary and supported the staff with tasks such as answering call bells and laundry. This ensured they had a good understanding of any issues arising each day, and also ensured the home ran smoothly at all times.
- The home had been recognised for the high standard of care they provided. The home was rated one of the top 20 care homes in the South West by a national care organisation in 2018 and 2019.
- Since the last inspection the people who own the company 'Ridge House Residential Limited' have changed. Although there were new directors of the provider company, the registration of the service with the Care Quality Commission has remained the same.
- People, relatives and staff told us they liked the new directors and felt the changes had not affected the running of the home in any way. People told us they were initially worried when they heard there were changes to the providers. The new directors had visited the home at least every two weeks since taking over the company and they had met with people and their relatives and this had given people good reassurance.
- There was a very positive, happy and stable staff team. Staff turnover was very low. Staff told us they felt valued by the providers and the management team. Comments included, "It's lovely. I really love my job" and "We have got a great team here". A relative commented, "They seem to get on very well with each other."
- Staff told us they received regular supervision and felt very well supported. Handover sessions were held between each shift to ensure staff were kept up-to-date about people's needs and events in the home. A member of staff said, "[Registered manager] supports us amazingly".

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

- The registered manager shared their learning with other services. They were a member of the Outstanding Managers Network. They were also a member of the National Skills Academy for Social Care and had attended networking events and courses. They had helped develop a guide for care services on Good and Outstanding Care published by a national organisation known as Skills for Care and was asked to feature in the guide. They wrote a blog on their experiences of being a registered manager of a home rated as Outstanding.
- People and their visitors told us the management team had very good systems in place to ensure people received a safe and effective service. There were detailed and thorough audits and regular checks on all aspects of the service, such as medicines, food, cleaning and care plans. Comments included, "The managers run a tight organisation and actually check things get done correctly, not just leaving it to chance. There are regular checks" and "The place is well managed and extremely well organised."
- The registered manager sent weekly reports to the provider on all aspects of the service. The directors visited the home regularly, spoke with people and staff and carried out their own checks so they could be confident the service was running smoothly.
- There was a clear management structure and staff understood their roles.
- The providers ensured the premises were well maintained at all times. Repairs were carried out promptly when needed.

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

- Since the last inspection the service have further strengthened links with the local community. The service had strengthened relationships with other organisations within the community such as the school, clubs and religious organisations. An independent visitor was funded by the provider to visit and offer support to take people out, to sit and chat, or do activities in addition to those offered by the care staff team. People went out for walks and attended clubs and social events. For example, some people regularly attended a local Memory Café.
- People from the local community have been encouraged to visit the home in various ways. Charity events held in the home have been a great success. These events have opened up conversations with locals and helped to reduce people's feelings of isolation. The local primary school attend each month bringing games with them. There has been a two-way benefit from these visits, with the school reporting the visits have had a really positive impact on the children who looked forward to their visits. People in the home said they really enjoyed the children's visits.
- People were involved and consulted. Staff sought their views and acted on their suggestions. For example, people said they wanted more visits from an animal therapy organisation, and this was agreed and acted upon. The service arranged weekly visits by a private physiotherapist after discussion with people. The sessions had improved people's physical and mental well-being. Comments from people included, "Their communication is very good. There is never a raised voice and what we hear, about plans for the future or what's been going on, is always very encouraging."
- People were encouraged to speak up, make complaints, comments or suggestions about the service. They were regularly asked to complete questionnaires about the service. The registered manager spoke with people every day, and senior staff met with people every month to discuss their care and the service they received. People told us they felt their views were listened to and acted upon. A person said, "It would be rude not to fill in their questionnaire, but I think most things are sorted out at the time and the questionnaires are just about building up a broader picture of how people are feeling."
- There was a welcoming and inclusive atmosphere in the home. People and visitors told us they felt welcomed at all times. Relatives told us they felt involved and consulted. Comments included, "There is a great community spirit about the place which is very welcoming" and "I would be happy to recommend it to anyone as a great place to transition from the total care of hospital to getting ready to go home again, but

also as a place to come to live if you need to."

- There were strong links with the local community.

#### Continuous learning and improving care

- The provider recognised the importance of good training and continuous learning. The registered manager held a relevant management qualification and was about to begin a further qualification at a higher level. A senior member of staff was about to begin a relevant management qualification. There was a high proportion of staff with relevant qualifications.
- The registered manager understood each member of staff's strengths and weaknesses and helped them to overcome barriers, giving individual support where needed. Training was tailored to meet staff's learning styles. For example, during medication training staff administered pretend medication (smarties) to each other. Staff wore blindfolds to help them understand people's experience of medicines administered to them.
- The registered manager researched topics relevant to people's needs and shared this with staff during training sessions. They had used information, videos and training tools from national organisations such as Social Care Institute for Excellence (SCIE) and Skills for Care to help with staff development.
- There was a positive approach to learning lessons when things went wrong. The registered manager and staff team worked together to review the cause of any errors and used their learning to improve the service. For example, where medicine errors had occurred they had reviewed their policies and procedures, and staff training in this topic.
- The visions and values of the home promoted a high standard of care. The provider told us in their PIR, "Ridge House aims to provide outstanding care to our all residents in an environment residents are proud to live in, people are proud to visit and work". All staff we spoke with expressed great pride in their jobs. There was a strong sense of team work, with all staff expressing a wish to provide the very best possible care.
- The new nominated individual told us they didn't want to just stay still, they wanted to make the service even better. They had plans for further improvements to take place in the coming year. Improvements made in the last year included new beds with pressure relieving equipment to ensure there was enough equipment in place to meet any changes in need promptly.

#### Working in partnership with others

- The providers and management team had worked closely with other organisations. For example, the local authority Quality and Improvement Team (QAIT) had provided a range of audit tools which the service had adopted and used to constantly improve the service.

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

- The provider notified the Commission of all incidents and events that adversely affected the service or people who used the service. There were effective governance processes in place to ensure that significant issues were escalated up to the directors immediately. There was a positive attitude to learning from mistakes and taking actions to prevent incidents recurring wherever possible.