Bupa Care Homes (HH Northumberland) Limited

Ridley Park

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 16 August 2017.

We last inspected Ridley Park Care Home in June 2015. At that inspection we found the service was meeting all the legal requirements in force at the time.

Ridley Park Care Home is a 59 bed care home that provides personal and nursing care to older people, including people who live with dementia or a dementia related condition. At the time of inspection there were 54 people living there.

A registered manager was in post. 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.

People said they were safe and staff were kind and approachable. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff knew the people they were supporting well. Care was provided with kindness but people's privacy and dignity were not always respected. We have made a recommendation that staff receive training to make them more aware of person-centred care and personhood.

The environment was well designed to help people who lived with dementia to be aware of their surroundings and to remain involved. There was a good standard of hygiene and the home was well decorated and maintained.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Menus showed people received a varied and balanced diet to meet their nutritional needs. However, we received mixed comments about the food and have made a recommendation that people in the home should be consulted and involved in the menu compilation.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care. Records were in place that reflected the care that staff provided. Systems were in place for people to receive their medicines in a safe way.

Appropriate training was provided and staff were supervised and supported. People were able to make choices about aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. There was regular consultation with people and/ or family members and their views were used to improve the service. People had access to an advocate if required.

Staff and relatives said the management team were approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service.

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.

Checks were carried out regularly to ensure the building was safe and fit for purpose.

Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe manner. Risk assessments were up to date and identified current risks to people's health and safety.

Is the service effective?

Good

The service was effective.

Staff received supervision and training to support them to carry out their role effectively.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment. The environment was well-designed to help people who lived with dementia, or dementia related conditions remain orientated and stimulated.

People received a varied diet however, people were not all complimentary about the food. Support was provided for people with specialist nutritional needs. We have made a recommendation about localising menus to involve people in the home about their ideas for the menus.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their relatives said the staff team were caring and

patient as they provided care and support.

Good relationships existed and staff were aware of people's needs. However, people's privacy and dignity were not always respected. We have made a recommendation that staff receive training to make them more aware of person-centred care and personhood.

People were encouraged and supported to be involved in daily decision making. There was a system for people to use if they wanted the support of an advocate.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and wishes. There was a good standard of record keeping to help ensure people's needs were met.

There was a programme of activities and entertainment to stimulate people and to help keep them engaged.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. Staff and relatives told us the registered manager was readily available to give advice and support.

A quality assurance programme was in place to monitor the standard of care provided.

Ridley Park

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.

This comprehensive inspection took place on 16 August 2017 and was unannounced.

It was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for older people.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with 19 people who lived at Ridley Park, four relatives, the deputy manager, the administrator, one registered nurse, seven support staff including two senior support workers and two members of catering staff. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for four staff, four people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service and relatives all spoke highly of the staff and expressed the view that they and their relatives were safe at the home. One person commented, "The staff are attentive, they get me what I want, there is usually someone around." Another person told us, "Staff check on me at night, they pop their head around the door, this makes me feel safe." A third person said, "I press the buzzer every morning at 6:00am, someone comes to make sure I am safe in the shower, they stay close by so I know I am safe." Other comments included, "I feel safe here" and "Staff are kind to me and help me when l need it." A relative told us, "I feel [Name] is safe here."

We considered there were sufficient staff to meet people's needs. During the inspection staff responded promptly and patiently to people's requests for support. One person told us, "Just call or buzz and staff come, even during the night, they come very quickly." Another person commented, "If staff are busy they ask if I can hold on and they come back again, they don't forget you." There were 54 people who were living at the home. Staffing rosters and observations showed during the day the nursing unit which accommodated 15 people were supported by one registered nurse and four support workers. A unit which supported 14 people who lived with dementia was staffed with three support workers including one senior support worker. On the ground floor 25 people were supported by four support staff including one senior support worker. These numbers did not include the registered manager or deputy manager who were also on duty during the day and operated an on-call arrangement to staff overnight. Overnight staffing levels included one registered nurse and four support workers including two senior support workers.

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the management team would respond to and address any concerns appropriately. One staff member said, "I'd report any concerns to a senior member of staff."

Risks to people's safety had been identified and actions taken to reduce or manage hazards and to promote their independence. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, making hot drinks in the café, from falls or the risk of choking. One person told us, "The staff insist I call them and not try to get to the bathroom myself." Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up to date fire risk assessment was in place for the building. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation. Arrangements were in place for the on-going maintenance of the building and a maintenance person was employed.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were

responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs and they were supported in their role. People we spoke with and their relatives praised the staff team. One person commented, "Staff are very good at their jobs, everything is good about the place." Staff told us they were trained to carry out their role. One staff member told us, "I've done training in dementia care and positive behaviour support." Another staff member commented, "We get plenty of training." A third member of staff told us, "There are lots of opportunities for training."

Staff told us, and training records, confirmed that they received regular training in essential health and safety subjects and they were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work with the service. Staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff shadowed more experienced workers until they were confident in their role.

Staff received regular supervision and appraisal. This allowed staff to be supported in their role, as well as continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member told us, "I have supervision every three months and an appraisal every six months."

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that 18 people were currently subject to such restrictions.

People were supported to maintain their healthcare needs. People's care records showed they had regular input from a range of health professionals such as, General Practitioners (GPs), psychiatrists, a speech and language team (SALT) and district nurses. People also had access to dental treatment, chiropody and optical services. Records were kept of visits. People's healthcare needs were reflected within the care planning process.

Records showed if there were any concerns about a change in a person's behaviour a referral would be

made to the positive behaviour support team and the community mental health team. Staff followed the instructions and guidance of the community mental health team for example to complete behavioural charts if a person displayed distressed behaviour. This specialist advice, combined with the staff's knowledge of the person, helped reduce the anxiety and distress because the cause of distress had been identified and was then avoided.

People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance to help identify the cause. Records were up to date and showed people with nursing needs were routinely assessed monthly against the risk of poor nutrition using a recognised nutritional screening tool. Care plans were in place that recorded people's food likes and dislikes and any support required to help them to eat.

We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. They told us they received verbal information from nursing staff when people required a specialised diet.

Menus showed people received a varied diet but we received mixed comments about the food. One person told us, "There is plenty to eat and drink, but the food isn't always what I want." Another person said, "If I don't like the food, I just don't eat it, it's not very good." A third person commented, "The food is very good there is a choice." Other comments included, "The food isn't very good", "The food is okay but it's a bit hitty missy", The food is not so good", "The food is not very nice, and if you don't eat what you ordered there is nothing else" and "I ordered steak the other day, I couldn't even cut it, but they [staff] didn't give me anything else." We were told by the cook menus were standardised nationally and were devised by head office. We considered menus should be more flexible and include suggestions from people who used the service and also include any regional and cultural variations to ensure people's nutritional needs and preferences were respected and met.

We have made a recommendation that people who live in the home should be consulted and involved in the menu formation to ensure their nutritional wishes are catered for.

The home was designed to ensure it was stimulating and therapeutic for the benefit of people who lived there. The gardens were secure and well maintained. They were overlooked by many of the bedrooms and lounges. A self service café was situated on the ground floor of the home, which was well used by people. To the top floor there was a ballroom and hairdressing salon. The reception area and lounges were spacious and comfortable. They contained books, board games, jigsaws and the daily papers. All areas of the home were well-decorated and bright. There was a wealth of visual and sensory stimulation to help maintain the involvement and orientation of people with dementia on one of the top floor units. The communal areas and hallways had decorations and pictures of interest. There was signage around the building to help maintain people's orientation.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so that staff were aware of the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. The nurse told us a handover of verbal and written information took place between the staff for each shift.

Requires Improvement

Is the service caring?

Our findings

Staff mostly treated people with dignity and respect. However, we considered some improvements were required with regard to people's dining experience and with regard to people's privacy. Staff were not always aware of the need to handle information confidentially as private information about people was discussed in open areas of the home. Staff desks were situated in open areas, along corridors outside bedrooms or in communal areas. We overheard on the top floor when staff conducted telephone calls that included making appointments and discussing people's private details and health care needs. On one occasion the person whom the telephone call was about overheard and shouted over and acknowledged that they had heard the call was about them. We discussed this with the deputy manager who told us staff had mobile telephones to use in private areas. However, there were no rooms or offices on the units in question for staff to carry out private conversations about people's needs and the running of the home.

We observed the lunch time meal in the different dining rooms of the home. Most people enjoyed a pleasant dining experience. In the majority of dining rooms the atmosphere was calm. People sat at tables that were set with tablecloths and napkins. People in all dining rooms were offered juice and tea and coffee. However, we considered improvements were required in the dining room on the nursing unit. As people waited for their meal staff did not interact with them or include them in their conversation. They stood and talked to each other across the dining room and relayed recent holiday experiences and television programmes, as people sat silently. We observed as staff assisted people to eat they did not always acknowledge or engage with the person. Staff members did not all explain what they were doing as they assisted the person or ask if they were ready for more food. Rather the person had to open their mouth and the staff member kept charging the spoon. The same person received food which was blown on each spoonful by the staff member, to ensure the food was not too hot. We observed some people were offered large portions of food which seemed to put one person off their food. They were then offered a smaller portion of food which they tried to eat. When they did not want this they were offered a sandwich which staff knew they would enjoy. We discussed our findings with the deputy manager who told us, this would be addressed. The organisation was compiling a dining room audit in order to monitor people's dining room experiences. Staff meeting minutes from June 2017 referred to paperwork that was to be produce by BUPA with regard to people's dining experiences. The meeting minutes also advised staff that classical music should be played in order to provide a calm environment to encourage people to eat.

We have made a recommendation that staff receive training to make them more aware of person-centred care and personhood.

In all other aspects of people's care they were treated with dignity and respect. Staff always knocked before entering people's rooms, including when doors were open. They were discreet when speaking to people about their care and treatment. We observed that people looked clean, tidy and well presented. Care plans documented people's preferences for personal care. Records were held securely.

People and staff were happy in the home. We witnessed many examples of staff providing support with compassion and kindness. People told us staff were kind and they complimented the care and support they

received. One person told us, "It's very nice here." Another person commented, "It's an amazing place here, I have a lovely room." A third person said, "Nothing is too much trouble for the staff." Other comments included, "They [staff] come round with tea every night at 10:00pm, I find this very comforting", "One care worker is a little treasure", "I'm settling in alright, staff have been very kind to me,I'm getting to them all very well and making new friends", "All lovely very kind staff, nothing is ever a bother, just ask" and "I'm quite happy here, I'm well looked after."

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. People moved around the units as they wanted. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. One person commented, "I like a long lie as I stay up late." Another person told us, "There are plenty of drinks available but I also make myself a drink at the café." A third person said, "I can come and go as I please, I often walk to Ridley Park and speak with my old neighbours."

We saw staff interacted with people in a kind, pleasant and friendly manner. One person told us, "Staff don't just call in and out of my room, they talk and have a laugh with you." Staff understood their role in providing people with effective, caring and compassionate care and support. One person commented, "Staff have sorted out some of my personal issues for me, and they've helped me to get SKY television put into my room." Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. Care plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met. One relative told us, "I was involved in the meeting for [Name]'s DNACPR.

Good

Is the service responsive?

Our findings

People and relatives confirmed there was a choice of activities available, people received a printed copy of the weekly activities and it was also displayed in the café. One person told us, "I went on a trip with the staff and went for a ride on the seafront train at Whitley Bay." Another person told us, "The activity coordinator takes me out sometimes." A third person told us, "I am encouraged to do things and to get involved, the staff try to do things that we want to join in with." Other comments included, "I would like to go out more often, but I've made some new friends here", "There are activities and entertainment" and "I enjoy when the animals come in to visit."

The deputy manager told us there were very good links with the local community. We observed and were told several people went out independently into the local community. They visited local cafes, restaurants, pubs and shops. People were supported to continue or revive their previous hobbies and interests. For example, painting, knitting, gardening and animals. There were opportunities to go out on trips and these included activities such as visiting the local town centre, coast and the countryside. The hairdresser visited weekly and a local member of the clergy visited regularly.

An activities co-ordinator was employed who was enthusiastic and showed a good understanding of providing person-centred activities. They were also part of a group run by 'Mind Active' a county initiative which helped ensure meaningful stimulation and occupation was available for people in homes if they chose to be involved. Activities available included, pat a dog scheme, weekly bowling, individual pamper sessions, hairdressing, a weekly picnic, walks to the park and shops, dancing and sing a long, meals out to a local Chinese restaurant and tea dances. Entertainment and concerts also took place and staff told us people often came from the top floor units to the ground floor in the afternoon. There was a dedicated activities room and activities also took place each day in the café. Staff were involved in providing activities when the activities co-ordinator was not on duty and activities were available on each floor of the home.

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. The service consulted with healthcare professionals about any changes in people's needs. For example, the dietician was asked for advice with regard to nutrition. Evaluations included information about people's progress and well-being. Reviews of peoples' care and support needs took place with relevant people.

Information was available in people's care records to help staff provide care and support. Care plans were personalised and provided information for staff about how people liked to be supported. For example, some care plans for personal hygiene stated, '[Name] wears perfume and jewellery' and [Name] can brush their teeth with verbal prompts.'

People's care records and personal profiles were up to date and personal to the individual. They contained

information about people's history, likes, dislikes and preferred routines. For example, one record stated, '[Name] enjoys watching Calamity Jane, listening to music and spending time with their husband. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. Charts were also completed to record any staff intervention with a person. For example, for recording the food and fluid intake of some people and when personal hygiene was attended to and other interventions to ensure peoples' daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

People and their relatives were kept involved and consulted about the running of the service and they were kept informed of any changes in the organisation. A monthly meeting took place with people who used the service and we saw a variety of standard agenda items were available for comment. These included the meal service, laundry, staff recognition, wellbeing and activities and health and well-being. Minutes were available of meetings for people who were unable to attend. Meeting minutes for June and July 2017 showed there were some negative comments about the food.

People knew how to complain. People we spoke with said they had no complaints. A relative told us, "I haven't any complaints but I know who to speak to if I did." The complaints procedure was on display in the entrance to the home. A record of complaints was maintained and a complaints procedure was in place to ensure they were appropriately investigated. We saw several compliments had been received from relatives of people who used the service thanking staff for the care provided.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in January 2017. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The deputy manager and administrator assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

The atmosphere in the home was lively and friendly. People told us the atmosphere was warm and relatives said they were always made welcome. We were told the registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and people we spoke with were positive about their management and had respect for them. They told us the service was well led. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and relatives said the registered manager was supportive and accessible to them.

Staff told us regular staff meetings took place and these included nurses' meetings and general staff meetings. Staff meetings kept staff updated with any changes in the home and informed them of any issues and developments.

Auditing and governance processes took place within the service to check the quality of care provided and to keep people safe. A monthly risk monitoring report that included areas of care such as people's weight loss, pressure area care and serious changes in people's health status was completed by the registered manager and submitted to head office for analysis. Regular monthly analysis of incidents and accidents took place. The deputy manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re- occurrence.

Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. The registered manager carried out a daily walk around the building to check the environment and check morale of staff and people who used the service. Audits included checks on medicines management, care documentation, training, kitchen audits, accidents and incidents, infection control and nutrition. Other audits were carried out for falls and health and safety. Visits were carried out by a representative from head office who would speak to people and the staff regarding the standards in the home. They also audited and monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.

The registered manager promoted an ethos of involvement and empowerment to keep people who used

the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the running of the home. A variety of information with regard to the running of the service was displayed on noticeboards in the home to keep people informed and aware and this included the complaints procedure, safeguarding, advocacy and forthcoming events.

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out to staff and people who used the service.