

Ogwell Grange Limited

Ridgecourt Residential Care Home

Inspection report

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Totnes

Devon

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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 

Overall summary

Ridgecourt Residential Home provides personal care for up to 17 people. People who live at the home receive nursing care through the local community health teams. The home also has a detached supported living accommodation unit for up to five people. Personal care packages delivered by Ridgecourt Residential Home can be arranged for people living in this unit as required. One person was receiving personal care in the supported living accommodation unit at the time of our inspection.

This inspection was unannounced and took place on 28 and 29 May 2015. One adult social care inspector conducted this inspection. At the time of our inspection there were 20 people using the service, including five people living in the supporting living accommodation. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection a safeguarding incident had occurred which was under investigation. Systems had been in place to protect people from harm, however, these had not protected all people. Immediate action had been taken to protect people and the service was working with partner agencies.

The service had ensured people's needs were regularly assessed and management plans were in place to respond to people's needs. People were protected from the risks associated with medicines as the service had appropriate systems in place to manage medicines. The service ensured there were sufficient numbers of staff to keep people safe and meet their needs. Staff had been trained in safeguarding and what processes to follow in order to report suspected abuse. People were supported by staff who had received training and monitoring of their performance through the use of supervisions and appraisals. The registered manager had put in place a training programme and ensured learning had taken place by regularly reviewing and enhancing staff's knowledge. Staff understood people's rights under the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Appropriate referrals had been made for people.

Staff working at the home at the time of our inspection treated people with dignity and respect. These staff supported people in a caring manner and did their best to improve their quality of life and wellbeing. Care was person centred and encouraged staff to spend time with people. People were involved in their individual care plans and these contained lots of information about people's needs and preferences. The service responded to people's changing needs appropriately and referred people to appropriate healthcare professionals in good time. Staff were instructed on how to avoid people becoming isolated and people were encouraged to give feedback which was then acted upon.

The home was managed by a registered manager who had systems in place to support staff to deliver a good standard of care to people and to support them to be appropriately trained and supervised. Regular audits were carried out and there was a clear complaints procedure which people were encouraged to use. There was a culture of openness and a desire to improve on people's enjoyment of life. People said "I love it. All the helpers are all good. Nothing is too much trouble" and "It's a really nice atmosphere, the staff are particularly caring".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risk assessments had been carried out and action had been taken to minimise identified risks.

There were sufficient numbers of staff to care for people.

Medicines were managed appropriately.

Staff had received training in safeguarding people from abuse and knew the procedures to follow should they have any concerns for people.

Good



Is the service effective?

Staff received useful, motivating and detailed supervisions and appraisals which involved the opinions of people who lived in the home and emphasised staff's effect on people's wellbeing.

People were supported to maintain their wellbeing by being provided with appetizing and balanced meals which catered for different diets.

Innovative methods were used to ensure people ate well.

Staff received comprehensive training to ensure they could meet people's needs. They sourced professional input to provide staff with additional knowledge and training and created training follow up tests to test staff knowledge.

Staff understood people's rights under the Mental Capacity Act 2005 and in relation to depriving people of their liberty.

Good



Is the service caring?

At the time of our inspection, people were supported by staff who treated them with dignity and respect.

Staff enabled people to remain as independent as possible and assisted them in expressing their views about the home and service provided.

People were supported by staff who knew them well and were positive about their care.

People and relatives that we spoke with were pleased with the care they received.

Good



Is the service responsive?

People's needs were clearly identified in their care plan.

Changing needs had been appropriately responded to.

Steps were taken to ensure people did not become isolated.

There was a clear complaints procedure and people were encouraged to give feedback which was acted upon.

Good



Is the service well-led?

There were systems in place designed to support staff to deliver a good standard of care.

Good



Summary of findings

<p>The home undertook regular audits in relation to people's care and the environment. People benefitted from an approachable registered manager.</p>	
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Ridgescourt Residential Care Home

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 inspection visit took place on 28 and 29 May 2015 and was unannounced. This inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with the registered manager, two members of care staff, two visiting healthcare professionals and one visiting learning advisor. We spoke with five people who lived at Ridgescourt and two relatives who visited during the inspection.

We looked in detail at the care provided to five people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People were protected from risks to their health because appropriate risk assessments had been carried out. Personal risk assessments had been carried out for people and clear guidance was given to minimise these risks. There was clear guidance relating to the number of staff required to assist people with each task and what precise steps they should follow in order to reduce risks. Where people's needs had changed new risk assessments had been created to respond to these changing needs. There were risk assessments for risks of skin pressure areas, bed rails, nutrition, moving and handling and falls, amongst others.

Accidents had been recorded and had been analysed. Action had been taken to lower the risks of reoccurrence. For example, following a fall a pressure mat had been installed and the GP had been contacted in order to rule out health causes for the fall. Personal evacuation needs for people were easily accessible and had been regularly reassessed and updated. The home undertook regular risk assessments of the environment and the fire log book contained details of regular tests and inspections which had been carried out. Escape lighting system tests, fire alarm tests and fire extinguisher tests had been carried out monthly. Hazard identification assessments, fire risk assessments, lift safety assessments, food premises risk assessments, gas safety assessments and legionella testing had been carried out.

The registered manager had ensured disclosure and barring service checks (police checks) had been received for all members of staff before they started work. These checks identified whether potential staff members had a criminal record and whether they had been banned from working with vulnerable people. References were obtained for potential staff members prior to them starting work in order to check they were of good character and that they had appropriate skills, knowledge and qualifications to carry out their role. When appointed to work at the home, new staff shadowed an experienced member of staff and were supervised for a period of time before caring for people on their own.

Appropriate steps had been taken to minimise the risks of people suffering abuse. Staff had received training in safeguarding and were able to clearly explain what steps they would take if they suspected abuse had taken place.

Staff explained they felt very comfortable expressing concerns to the manager and would feel equally comfortable contacting external safeguarding routes if necessary. External safeguarding contact details were available to staff. The service had clear policies and procedures in relation to safeguarding people and protecting their rights. People told us they felt safe. One person said "I feel safe; I have no worries on any score."

At the time of our inspection a safeguarding incident had occurred which was under investigation. Systems had been in place to protect people from harm, however, these had not protected all people. Immediate action had been taken to protect people and the service was working with partner agencies.

People were protected against the risks associated with medicines. Only specific staff members administered medicines and had undertaken specific training in order to do this. They had undertaken medicines training and had completed a Lloyds Pharmacy work book. They had observed medicine rounds and had been supervised on a number of occasions administering medicines prior to them being able to administer alone. We observed a medicine round during our inspection. People were provided with water to take their medicines; they were given their medicines one at a time and were told what the medicine was for. The service had clear policies and procedures in relation to medicines. The medicine administration records (MAR) were appropriately completed as were home remedy administration records. Stock balances were carried forward, were appropriately completed and were correct. Regular audits took place which ensured that any errors or missing recording was identified without delay. People we spoke with told us they had no concerns about their medicines.

People were supported by sufficient numbers of staff on duty. People told us that staff were always busy but were attentive to their needs. They told us they never had to wait long. One person said "If I ring the bell I have rarely had to wait long". One person said "They're fantastic. Whatever you ask them to do they do". Staff we spoke with told us they felt there were enough staff and that the staff team were very supportive. They felt confident that there were enough staff to be able to deliver good quality care to people. During our inspection there were a number of staff attending to people in a calm manner.

Is the service safe?

Accidents had been appropriately recorded. Clear documentation had been created following one accident, a risk analysis had then been completed and action had been taken which explained how the risk had then been

lowered. Steps had been taken to minimise the possibility of reoccurrence such as medicines reassessed, GP consulted, person being referred for physiotherapy and pressure mat being installed.

Is the service effective?

Our findings

People were supported by staff who had the right competencies, knowledge, qualifications, skills and experience. There was a proactive support system in place for staff to develop their knowledge and skills and motivate them to provide a quality service. The registered manager had conducted a large amount of research in order to source a high quality induction booklet from a different county. They had identified that this induction process enabled them to conduct reviews of the new starter's learning and identify clear gaps in their knowledge. This had enabled them to deliver a high standard of induction which had ensured staff had the skills and confidence to carry out their role and responsibilities effectively so that people had their needs met and experienced high quality care. Staff spoke highly of their induction. One staff member said "I had an induction until I knew what I was doing. I shadowed and I didn't start on my own until I was comfortable".

The registered manager conducted regular observations and supervisions on hand washing and equipment. They conducted ongoing observations and monitoring of every day practice and care delivery including carrying out spot checks at night. One visiting healthcare professional said "The staff are really professional. It delivers at being a superior home. They deliver a good standard of care". A visiting vocational learning advisor told us the registered manager conducted regular observations and got involved in the staff's qualifications. They told us the registered manager encouraged staff to gain further knowledge and qualifications and played an active role in improving their practice. They said "Staff seem to have really good practice. Staff are encouraged to do it and are dedicated and happy to be observed".

The service had a proactive approach to the learning and professional development of staff. Staff had received mandatory training but had also received further, more in depth training in some areas. The registered manager did not feel that an introduction to first aid was sufficient so they had ensured all staff received full first aid training every three years. This training had been obtained from an external source at high cost to the service. They had also purchased a Resusci Anne model mannequin in order for staff to practice CPR on. The registered manager had also created quizzes that the staff undertook regularly in order

to ensure they had understood and retained information following training courses. This enabled the manager to identify if there were any gaps in learning and arrange further training in order to better meet people's needs and preferences. Staff told us they were happy with their training. One staff member said "If we want extra training we can have it. Training is always available". The registered manager had arranged for a formal fire trainer to come into the home every six months to give staff training and on the first day of our inspection an optician was delivering training to staff on eye care.

The registered manager told us about a previous resident who had been diagnosed with multiple system atrophy. Due to not being familiar with the diagnosis the registered manager spoke with one of the national specialist nurses, arranged for the speech and language therapist to conduct an assessment, involved a physiotherapist and became a member of the multiple system atrophy society. They then conducted training sessions with staff around all advice provided. This enabled the registered manager to gain much more information about the diagnosis in order to better enable staff to care for this resident and meet their individual needs.

Staff had received supervisions and appraisals and told us they had found these useful and motivating. Within supervision and appraisal records we saw the registered manager had conducted observations and sought feedback from residents about the member of staff, their practice, behaviours and temperament. This enabled the registered manager to provide feedback on the member of staff's competence but also their effect on the people living in the home.

The registered manager told us of a number of sources they had gone to in order to develop the home's approach to dementia and improving people's quality of life. They had conducted an environment assessment in respect of dementia and had created dementia support plans which included their preferences around their environment. This enabled people to experience a level of care that promoted their wellbeing.

The service engaged proactively with health and social care agencies and acts on their recommendations and guidance in people's best interests. Appropriate referrals were made to other health and social care services. One person had been referred to the speech and language therapist following a small comment made by their relative. People

Is the service effective?

were referred to physiotherapists, GPs and district nurses regularly. One person said “I’ve only got to say and they organise appointments”. One visiting healthcare professional said “They have very good rapport with doctors and they highlight concerns appropriately”. The registered manager told us they were always looking for advice and opinions on ways to improve on people’s health and wellbeing.

Some people living at Ridgescourt did not have the capacity to make some decisions. Staff understood people’s rights under the Mental Capacity Act 2005 (MCA) and in relation to depriving people of their liberty. The provider was meeting the requirements of the MCA. Staff had received appropriate training and demonstrated a good understanding of the issues around capacity and consent. Capacity assessments and best interest decisions had been undertaken and recorded for different areas of people’s care, such as personal care or administration of medicines. Appropriate applications had been made with regard to the Deprivation of Liberty Safeguards (DoLS), which is where an application can be made to lawfully deprive a person of their liberty in their best interest or for their safety, and where the person lacks capacity. These applications were awaiting authorisation.

People’s dietary needs were met. Staff said they knew people’s likes and dislikes and this was confirmed when speaking with people. The registered manager said the home catered for different diets and provided people with a varied choice. For example, three people who lived in the

home suffered with coeliac disease and were therefore unable to eat gluten. The staff ensured that corn flour was always used instead of wheat flour in order for those people to enjoy a variety of foods. People were asked what they wanted to eat in the mornings and were always offered choices. People said “The food is good, we get well fed”, “We get excellent meals” and “The food is jolly good”. People’s diets included fresh vegetables and fruit. People were provided with fluids throughout the day and these were always within reach. One person said “We get cups of tea and drinks, I never need to ask”.

The registered manager told us that one person was having trouble eating sufficient amounts to maintain their wellbeing. They had tried different methods to ensure they increased their food intake and found that the person ate better when they were in the company of their spouse. In order to ensure the person continued to eat well the registered manager had organised for the person’s spouse to eat with the person every day of the week, free of charge. This had successfully increased the person’s intake and their weight had increased.

People were regularly referred to external services and other healthcare professionals. People had been seen by GPs, district nurses, opticians, dentists, speech and language therapists, the diabetes clinic and the chiropodist. One person had suffered problems with their teeth soon after moving into the home and the registered manager had fought very hard to get them registered with the local dentist and arranged an emergency appointment.

Is the service caring?

Our findings

People we spoke with told us they were happy living in the home and that they felt very well cared for. People said “I love it. All the helpers are all good. Nothing is too much trouble”, “They’re all nice, we have a joke. I’ve been here six months and they know me really well”, “They take care of me very well, I like all the staff”, and “The home is lovely, staff sit and talk to people”. Visiting relatives and healthcare professionals said “The staff are caring”.

Staff demonstrated a calm and caring attitude towards people they were supporting. We observed people were spoken to with respect and were supported without being rushed. We heard laughter throughout our inspection. People spoke about the atmosphere of the home and said “It’s a lovely atmosphere, it’s very relaxed and comfortable”, “It’s a really nice atmosphere, the staff are particularly caring”, and “The home is really peaceful”. A relative stated the following in a survey “I was impressed with the home from home atmosphere”.

The registered manager involved people in staff supervisions and appraisals. Recorded supervision notes showed that people had been asked for their opinions about staff and whether or not they had a caring attitude. Supervisions had not only focused on practical care delivery skills but had also focused on the kindness staff showed for people. For example “Very respectful, she shows patience and care”, “All the residents speak highly of you”, and “You show kindness, respect, you value each resident as individuals”.

There were many examples of the home and staff going “the extra mile” to ensure people were as comfortable and happy as possible. One person’s care plan had recorded that they had not been sleeping very well since moving to the home as they had been used to sleeping in a large bed and were not used to the smaller single beds provided by the home. The registered manager had reviewed this person’s disturbed sleeping pattern and had purchased a larger double bed for the person in order to make them sleep more comfortably.

Another person enjoyed wearing necklaces and owned a large number of them. The staff suggested and organised

for hooks to be attached to the wall in this person’s bedroom in order to display all their necklaces. This enabled them to be able to see them clearly and choose one more easily in the mornings. We spoke with this person who was very happy about this and said “I love it, all the helpers are all good. Nothing is too much trouble. They bought nails to hang up my necklaces. They’re all so nice”.

Another person was in the process of selling their car and purchasing a mobility scooter. The registered manager told us the home was in the process of organising for a storage shed with electricity supply to be built in order for the person to be able to store their scooter and charge the battery.

The registered manager told us about another person who lived in the home. This person’s relative visited them every day. The staff identified that these visits were very beneficial to the person as well as their relative so in order to ensure they continued the home started providing the relative with a meal every day. There was no cost attached to this and had been arranged to improve the happiness and wellbeing of the person as well as their relative. The registered manager told us that the person’s relative visited 365 days a year and that the home would organise for the relative to be picked up and dropped off on Christmas Day each year as there was no public transport.

Staff told us they enjoyed people’s company and continually looked for ways to make them happy and improve their quality of life. Staff gave us examples of times they had taken people for long walks in spite of difficulties, sewed people’s jumpers up during their lunch breaks and spent quality one on one time with people. We observed people’s privacy and dignity was respected.

Staff knocked on people’s doors and waited for them to answer before entering their room. One visiting healthcare professional told us they had noticed the registered manager never spoke about any of the people who lived in the home in public areas or in front of others. They would always show the person privacy by discussing them in a private area. The visiting professional said this was one aspect which ensured the home “delivered at being a superior home”.

Is the service responsive?

Our findings

People had been asked for their preferences, likes and dislikes and these had been used to create their individual care plans. For example, “Prefers blankets to duvet”, “Loves a shower, please ask each morning if they would like one”, “Enjoys the Telegraph newspaper each morning” and “Likes to have a bath on a Saturday morning before breakfast”. We spoke with the person whose care plan stated they liked to have a bath on Saturday mornings. They told us they had this every week and that the staff knew their routine well. They told us it was an aspect of their life at the home they truly enjoyed as they were able to continue a routine they had established many decades ago.

Care plans recorded people’s likes and dislikes around food, drinks, television programmes, radio programmes, activities, how they liked their hair to be styles or their grooming to be done. It was clear people had been involved in identifying these needs. The registered manager told us the home ran in a way that was not ‘task driven’ and told us people got up when they wanted and went to bed when they wanted. During our inspection we saw that people were having breakfast at different times and were being supported in an individual way.

There was clear guidance to staff within people’s care plans relating to the best communication methods required to speak with people and how to encourage them to be involved in their care. People and their relatives had been involved in creating their care plans. These contained detailed information about people’s needs as well as their preferences. There was clear guidance for staff about how to deliver care and best communicate with people.

Care plans were regularly reviewed and contained evidence of changing needs being recorded and acted upon. Staff told us they read care plans and used them. We did find that all information about people, their needs, their preferences and how staff should respond to these, were available in the care plan, however these were not always easy to find or very organised. The registered manager told us they would be reviewing the layout of the care plans immediately.

People’s changing care needs were identified and steps were taken to assess these and update care practices. People’s needs were regularly reviewed as were risk assessments. Risk assessments were in place for people and where needs changed new risk assessments were put in place. Clear action had been taken and was planned to minimise identified risks.

Care plans contained information about how to prevent people suffering from loneliness, how staff should encourage conversations and participation in activities. There was information about how to enable people who did not want to leave the home stay in touch with ‘the outside world’ by reading them the newspaper and engaging them in discussions. One person said “I don’t get lonely, there’s always somebody in, they always send someone with me for a walk, I like it here”.

People told us they felt very comfortable sharing their feedback and complaints with the registered manager. They told us that when they had made complaints these had been looked into and solved very quickly. People and their relatives had also been provided with a survey to complete in order to give their feedback. Staff members also said they were encouraged to give feedback. One said “Staff say suggestions and some are being implemented. We are encouraged to give feedback”. At the time of our inspection no formal complaints had been received but it was clear that action was taken following feedback. One person had fed back that they would like to eat more fruit, another person had fed back that a fruit bowl in the dining room would be a nice addition to the home. In response to this the registered manager had put fruit bowls on every table in the dining room for people to use at any time they wished.

At the time of our inspection an incident had occurred at the home and was being investigated. The service had taken every step to minimise the risks of an incident of the same nature reoccurring.

Is the service well-led?

Our findings

All people and staff we spoke with told us they felt very comfortable raising concerns with the management of the home and spoke highly of the registered manager. They said “There is nothing I can’t speak to management about, the management are very approachable”, “I feel I could speak to the manager. I would complain”, “The manager is a first class manager”, “The management are really approachable. I feel they would do something about a complaint”, “The manager would deal with complaints well, she would like to know if something was wrong” and “I would feel comfortable raising concerns and would know how to”. One survey which had been returned read “The management run a tight ship and this is reflected in the quality of the staff who are always friendly and attentive”. Another survey answered the question ‘Do you know the procedure for making complaints or suggestions?’ as “Not officially, but I have been encouraged to make any such at any time, which is reassuring”. One person’s relative told us their relative had given some feedback and that changes had been made as a result. Located within the ground floor hallway was a quality assurance questionnaire and some suggestion sheets. These were made available for anyone visiting the home or living in the home to complete. The home’s complaints procedure was located by the front door as well as information about the Care Quality Commission and our ‘share your experience’ process. This encouraged people to raise issues and concerns in different ways.

There was an open and positive culture at the home which encouraged staff to see people as individuals, spend time speaking with people and learning new skills. At the time of our inspection staff morale was high and the atmosphere within the home was warm, happy and supportive.

At the time of our inspection there was an investigation taking place. The registered manager had provided full openness and cooperation to outside agencies and had put in place a number of support measures for the staff.

Staff we spoke with told us they had felt strongly supported by the registered manager in a way that met their individual support needs. The staff and registered manager had developed strong links with the local community in order to ensure people who lived at the home were supported to attend groups and events such as religious meetings.

Regular audits were carried out by the home in relation to fire safety, environmental assessments, fire extinguishers, emergency procedures and gas safety. Care plan and risk assessment audits were also carried out. The registered manager delivered regular staff supervisions, observations and appraisals with the aim of ensuring people received a good standard of care. Regular knowledge checks were carried out in relation to previous training. Training was always available to staff and obtaining further qualifications was encouraged. This ensured staff were as competent as possible in their role to supporting people.