

Bupa Care Homes Limited

Ridgeway Lodge Care Home

Inspection report

Brandreth Avenue
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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 20 and 21 June 2017.

Ridgeway Lodge Care Home is a purpose built home for up to 61 older people with a diagnosis of dementia and is registered with the Care Quality Commission as a care home without nursing.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. In our previous inspection we had found that people's medication was not managed in a safe manner. In this inspection we found that this was no longer an issue and the provider had created more robust processes to ensure that people's medicines were managed safely.

There was enough staff available to support people to be safe in the home. In our previous inspection we had found that staff were not effectively deployed around the home to safely meet people's needs. During this inspection we found that this was no longer a concern and there was adequate staff deployed around the home to support people.

Detailed audits were now in place to monitor the management of the service and identify any issues with documentations but we found that the process was still a work in progress.

The provider had robust recruitment processes in place. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported through keyworker roles.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the manager acted on the comments received to continually improve the quality of the service. The provider had quality monitoring processes in place to ensure that they were meeting the required standards of care. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was not always well led

Audits were undertaken to assess and monitor the quality of the service but were not always adequately completed so they could be used to drive improvement.

The registered manager demonstrated leadership and gave staff consistent direction.

There was a registered manager in place.

Staff felt supported by the management team.

Requires Improvement 

Ridgeway Lodge 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 was planned to check 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 took place on the 20 and 21 June 2016. The inspection team consisted of one inspector from the Care Quality Commission and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There was also a specialist advisor present at the inspection that specialised in medication management.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and the regional manager about improvements they had made since our last inspection. We also spoke with seven care staff, the activities staff, the catering staff and nine people who used the service. We spoke with three visiting relatives. We looked at the care records of eight people who used the service and the recruitment and training records for six staff employed by the service. We observed how staff interacted with people throughout the day including lunchtimes, activities and when people were supported to take medicines.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We previously inspected the service and found that they were not meeting regulations because the provider failed to safely manage people's medicines. During this inspection, we found that the provider had taken steps to meet the regulations. The provider had appointed staff to lead on the improvements in the service who had reviewed the medication processes and training. We saw that there was a more robust process in place and that the home was now monitoring all aspects of medicine administration.

People provided us with positive comments about the home and their safety. One person said, "Yes I feel safe here. I have never been bullied here by staff or other residents." A second person said, "Oh yes I do [feel safe]." While a third said, "I have no reason not to feel safe here, I like being here."

We observed throughout the day that the service worked with people and their families to keep them safe from harm and support them. People felt that there was enough staff to support them safely and we observed throughout the day that there was sufficient staff available in the home. The registered manager told us that although the service was not full to capacity they had continued to allocate staff as if they were full. The registered manager told us that they had recently employed new staff to allow for further staff increases should more people choose to live in the service.

Staff we spoke with also confirmed that they were able to support people in a safe manner because there was sufficient staff allocated to support people's needs. One member of staff said, "We are fully staffed at the moment, which is lovely." While a second member of staff said, "We have enough staff. We are able to spend time with the residents and chat to them."

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding people was displayed within the home and staff were able to talk us through the training they had received in safeguarding and were able to explain the procedures on keeping people safe from harm. Staff were aware of and understood the provider's whistleblowing policy and told us that they would use it if needed. One member of staff said, "I wouldn't work here if I didn't think people were safe, it was sad when we got an inadequate rating last time, you know I wouldn't work here if I thought people were not being looked after."

We saw from people's care documents that personalised risk assessments had been completed for each person who lived at the home and were reviewed regularly. Each assessment identified the people at risk, the steps in place, the equipment available to minimise the risk, such as which hoist and sling to use when transferring people and the action staff should take should an incident occur. Risk assessments that were in place included the risks related to medicines, falls, and if a person went away from the home. We observed people being assisted to move around the service safely and where required supported by staff or equipment.

Staff recorded and reported on any significant incidents or accidents that occurred and the manager

investigated. There were PEEPs (personal emergency evacuation plans) in place for each person which guided staff on how to safely evacuate each person in the event of an emergency. If a person was at risk of falls then a falls risk assessment had also been completed.

Staff employed by the service had been a through and robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed to.

We saw that the service had worked tirelessly to ensure that issues identified in our previous inspection had been resolved and lessons were learnt. We saw that medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received further training and support on how to administer medicines safely and their competency was checked regularly. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs).

Is the service effective?

Our findings

Staff employed by the service had the training and skills to support people effectively. People we spoke with also confirmed this. One person said, "Yes they are well trained." While another person said, "The staff are very nice, they know what to do."

Staff we spoke with felt supported by the provider to gain further qualifications and training. They told us that they could ask for additional training and support when it was required and felt they could ask the registered manager for additional training. One member of staff said, "I asked for some training on restraint because I wanted to understand it a bit better, it's now been scheduled in for me." While another member of staff said, "Yes they support us to gain more qualifications; I have done my NVQ while working here." A third member of staff also said, "We get lots of training, but we are also mentored by more experienced staff."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service, in which they covered the services mandatory training which also included safeguarding, health and safety, and dementia care and were given the opportunity to shadow more experienced staff.

Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt that the manager listened to their views and concerns. One member of staff said, "If we make errors then we get supervisions and further training, for example, if you don't complete paperwork right, then you get supervision."

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

Staff told us that they always asked for people's consent before providing any care or support and explained how they communicated with people who were unable to communicate verbally with them. We observed

staff throughout the day gaining consent from people and acting on their wishes. One member of staff said, "We always get consent, it's very important. We wouldn't do anything without making sure they are happy with it."

Care records showed that staff supported people where possible to maintain a healthy weight. We observed throughout the day that people were encouraged to have snacks and drinks and staff were regularly preparing drinks for people. We observed staff visiting people in their rooms to check their meal choices. For example one person was offered the choice of meals for the day but they declined and asked for boiled eggs instead. We saw that staff were happy to provide the person with the alternative choice. One relative told us, "[Staff] ask relative what she likes to eat and record in her notes what she has eaten." They also told us how the home respected their religious dietary requirements. They said, "We are [Persons religion], so we don't eat certain foods which they respect."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals and these were documented within their care documents. Outside professionals such as chiropodists, hairdressers, and opticians were brought in at people's request.

Is the service caring?

Our findings

People were supported by staff that had care and regard for them. One person told us, "Carers are kind and understanding." A second person said, "They are very nice people here and I like what they are doing for me." A third person said, "I am very happy here, I like to be left alone, and they respect that."

People were treated with kindness and respect. Where they were able they were encouraged to go out into the community and pursue their interests. We saw one person who was able to independently travel outside of the home, they said, "I can drive, so I can continue with my aero club, I built a plane and we flew them from Downs, it was great fun."

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people and giving them choices on how to spend their day where it was possible. One relative said, "Carers are really lovely here, very kind and understanding and I would describe atmosphere pleasant."

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. People we spoke with also confirmed that the home acted in accordance with their wishes, one person said, "They listen and respond to my wishes." The registered manager also told us that they had access to an advocacy service if it was needed by anyone. One relative said, "As far as I know it's all good. My [relative] never had any concerns and she is not the one who will keep it quiet."

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible. We observed that people were freely moving around the home and doors for the communal garden were kept open. One person said, "I don't like to mix with people, but I do go out into the garden and have a sit down, it's nice out there."

We saw that people had received visits from family and were encouraged to maintain contact with relatives. Throughout the day there were a number of relatives who visited the home. One relative said, "My [relative] is settled here, maybe it's not like at her home, but she doesn't have anybody who can look after her. She was really frail and not eating. I know [relative] hates [not being home], but at least she is safe, clean, and well looked after now, we can come any time we want to visit her."

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. We were told that the registered manager worked with people and their families and was responsive to changes in their support and care. One relative told us how when their relative first came to the service, they were allocated a room on the first floor. They told us that they had expressed that they would rather have the person on the ground floor so they could go into the gardens freely. The relative said, "They found us this room. I know it's on the small size." They also went on to tell us about the support that was provided to their relative, they said, "My [relative] gets repositioned every two hours, she gets tended to regularly by the staff. They are very good at sorting things." A person we spoke with wanted to end the conversation with us by stating, "I just want to say I love it here and I am very happy here and want to stay." This person had told us how staff had supported them throughout their stay at the home and how accommodating they had been.

People told us and we observed throughout the day that staff were aware of people's likes and dislikes. One person using the service said, "All carers are lovely girls, very kind and attentive. Yes, they know all about me, my daughter and granddaughters name, it's so comforting when they come and are welcomed by staff." This showed that staff knew the people they were supporting well. One member of staff said, "It's a lot better now, we get the time to sit and talk with people. We have our jobs to do, but it's less task led now we are getting more person centred." Relatives we spoke with confirmed that when their relative came to the service then home completed the care planning with their input. We saw that the home had set up programme called '#I'm Listening'. There were leaflets set around the home and we saw that staff and the manager encouraged people to raise concerns. One person using the service agreed that the staff and registered manager were approachable and they felt comfortable raising concerns about their care and support with them. They said, "Yes they are very approachable."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers.

The home also had an activities coordinator who organised daily activities for people. We saw that participation in the activities was the choice of the person and if they did not wish to get involved then their decision was respected. One person said, "I don't go to organized activities and I will talk to the activity lady, but I rarely join in." The activities staff told us, "We have lots available to people, we go to the local pub, have coffee mornings and Quiz nights." They went on to tell us about how they supported people who were less mobile and unable to join group sessions, they said, "We have one to one sessions three times a week for people who are in bed, I have one lady who likes poetry so I will read with her. The hardest thing is that people come in later [in their diagnosis] so are not as active or able to join in with the activities." The

activities staff went on to say, "This is a good home, it was sad for us to get an inadequate rating because I know I wouldn't be working here if I thought it wasn't a good home."

People told us that they had choice throughout the day as to what they wanted to do. We observed people moving about the home freely.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. We saw that complaints had been investigated by the manager in accordance with the homes complaints policy. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that since the new manager had taken over management of the home they felt more comfortable with raising complaints with him.

Is the service well-led?

Our findings

During our previous inspection the rating given for well-led was 'inadequate' this was because previously, people using the service, their relatives and staff did not feel listened to by the management team. We also found that records were not managed appropriately and quality monitoring systems that had been put in place were not effective in addressing shortfalls in the service. During this inspection we found that people now felt that they were listened to and records were also now managed appropriately. There was however room for further improvement with audits and actions plans that had been put in place.

We saw that the manager had introduced more robust quality assurance systems and was completing a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We did however find where issues were picked up in audits these were not always resolved adequately. For example, we saw that in many people's care plans the daily note entries were only entered once a day and the information provided was very basic. We noted that this had been highlighted in care plan audits of the past two months but that the practice of completing the daily notes was still not being followed by staff. We also saw that where action plans had been created it was not always clear who was responsible for the action being completed and when. We discussed this with the registered manager who ensured us they would take action to further improved their audits and action plans. We saw that ne the second day of our inspection the manager had again informed staff of the best practice in relation to the completing of the daily notes and on this day we saw that staff were completing them in line with the homes policies. One member of staff did tell us that in the past they had been spoken to about the daily notes entries which showed that the manager had previously addressed this issue.

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns. One person using the service said, "I know the manager, I passed him just now on my rounds. I can always ask him if I need anything changed." The registered manager's office was at the front of the home and people and relatives were able to enter and talk with the manager who was visible in the home. All the people we spoke with said that the change in manager had been a positive step in improving the quality of the service within the home. One relative said, "After the new manager arrived the situation has greatly improved, even the food is better, we see it every day."

We saw from documentation that the manager kept both staff and residents informed of changes within the home and the organisation through regular meetings. We saw that monthly staff meetings were in place and the manager had encouraged staff to engage with people and families they were supporting through 'resident of the day' where staff would focus on one person so ensure they were being supported how they wanted and that all their care documents were in line with their wishes.

Staff we spoke with was positive about the recent change in management. One member of staff spoke to us about the manager, they said, "The last manager was nice but we needed a manager who could take charge [registered manager] has been able to do that, and that's why things have got better." They also said,

"[Registered manager] has made some positive changes, we get a lot more support now which is good." Another member of staff said, "We have had our ups and downs but the change in manager has been really good for us, you have to be strong to manage this home."

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.