St Philips Care Limited

Ridgeway Care Centre

Inspection report

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Date of inspection visit:
04 September 2017
05 September 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Ridgeway Care Centre was inspected on 4 and 5 September 2017. The inspection was unannounced. The service is registered for 32 people and 27 people were using the service on the day of inspection.

The service should have 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. At the time of the inspection there was no registered manager in post, however the present manager was in the process of applying to become registered with the Care Quality Commission (CQC).

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The home manager shared information with the local authority when needed and acted on concerns when they were raised.

The risks to some people's safety were not always robustly assessed. However, staff showed a good knowledge of the risks to people's safety and worked to protect them from these risks.

People were supported by adequate numbers of appropriately trained staff and their medicines were administered safely by staff who were supported to carry out this role.

The principles of the Mental Capacity Act (MCA) were not always followed so we could not be sure people's right were protected.

People received a varied and nutritious diet and were supported with any special requirements to ensure they received a suitable diet in a safe way. People's health needs were well managed.

People were supported by a group of caring and kind staff who understood and accommodated their needs and preferences. Staff supported people to be independent and they worked to ensure people's privacy and dignity was maintained.

People told us they received individualised care but we found their care plans did not always contain enough up to date information to show their current needs.

People were supported to undertake social activities of their choice and staff worked hard to prevent people from becoming isolated. People felt able to raise concerns and felt they would be listened to.

The manager worked hard to improve team work at the service and people told us they were a visible and supportive manager. The manager was in the process of making changes to systems to improve the quality 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

People could be assured that staff had the knowledge needed to minimise the risk of abuse.

The risks to some people's safety were not always assessed to reflect their current needs however staff were aware of the risks, and how they would mitigiate these.

There were sufficient staff to meet the needs of people

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

The principle of the Mental Capacity Act were not always followed and some people may have been deprived of their liberty unlawfully

Peoples' nutritional and health needs were well managed

People were referred to other health professionals when required.

Is the service caring?

Good

The service was caring

People were supported by staff who knew their needs and were kind and caring towards them

People's choices and preferences were supported

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not always provide information to staff to ensure they knew how to meet people's individual needs.

People were supported to follow activities of their choice to prevent them from becoming socially isolated

People felt able to raise concerns and complaints and felt they would be listened to and acted upon.

Is the service well-led?

Good

The service was well led

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were some quality assurance audits in place and the manager was developing these further to improve standards of care.

Ridgeway Care Centre

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 unannounced inspection took place on 4 and 5 September 2016. The inspection team consisted of one 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 this type of care service.
Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events that the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who were living at the service and three people who were visiting their relations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We spoke with four members of care staff, the activities co-ordinator and the maintenance person. We also spoke with the manager.

We looked at the care records of four people who used the service, four staff files, as well as a range of records relating to the running of the service, which included audits carried out by the manager.

Good

Is the service safe?

Our findings

People who lived at the service told us they felt safe and could discuss any concerns they may have about their safety with the staff who cared for them. One person said, "I feel secure here because when I was at home I was broken into twice. There are always people around, there's always someone to talk to." Another person told us if they had concerns they would speak with the manager, they said, "They're good." Relatives told us they were happy with their loved ones safety at the service and one relative said, "Yes I do (feel their relative was safe) no problem at all, I think the staff are brilliant."

Staff we spoke with understood the types of abuse people who lived in a care facility may be exposed to. They were clear about their responsibilities in managing people's safety. One staff member told us they would watch out for things, such as unexplained bruising. Staff were confident if they raised safeguarding concerns to the manager they would take appropriate action. One staff member said, "We can talk to the manager or if we are not happy we could go to the safeguarding team or you (CQC)." They went on to say they had access to the contact details for the local authority safeguarding adults team should they need them. Records showed that the manager had worked with local safeguarding teams to investigate and manage safeguarding incidents that had occurred at the service.

The risks to people's safety were not always properly assessed. Two of the care plans we viewed did not contain up to date information about the risks to them For example, one person had suffered a fall that resulted in a fracture for which they had received surgery. There had been no updates to the person's mobility assessment since their return to the service and the person's mobility had deteriorated significantly but the information recorded in their plan did not reflect this and did not show what level of support the person required to assist them to mobilise however our discussions with staff showed they

However, our discussions about the above people with staff and the manager showed they had a good knowledge of the people they cared for. Staff were able to explain to us how they managed people's care in relation to their needs. We discussed the issue of people's risk assessments not being up to date with the manager and they were aware that some people's care plan required up dating and was in the process of addressing this.

Environmental risks to people's safety had been assessed and there were measures in place to protect people such as regular testing and servicing of essential equipment and systems such as regular water testing for legionella. People had personal emergency evacuation profiles (PEEPs) in place and regular fire alarm testing took place.

People felt there were enough staff to meet their needs. One person said, "Yes there is always staff we can call on, you don't have to wait long." Staff we spoke with told us the established numbers of staff on the different shifts allowed them to provide people with the care they needed. They told us that the management team always tried to cover staff sickness and majority of the time staff would pick up extra shifts to ensure there were the correct numbers of staff on duty. Some members of staff told us if the manager could not cover shifts she would come and support staff with care. Records showed the manager

had used safe recruitment practices to ensure staff caring for people were fit to do so. The staff files we viewed showed the manager had applied to the disclosure and barring service (DBS) to ensure staff had no criminal record that would preclude them from working in the care sector.

People told us they received their medicines on time and were given support to take them. Staff told us they had received training in safe administration of medicines. Prior to our visit we noted there had been a number of reported medicines errors at the service. During our inspection we saw how the manager had supported staff to learn from the errors and improve the safety of administrations of medicines. Staff we spoke with told us they received supportive training and their confidence and safe practice had improved as a result of the work they had undertaken with the manager and deputy manager. Our observations of administration, storage and ordering of medicines showed medicines were safe and if there was any decline, the manager took action to improve this. We saw the manager had increased observations of staff practice and auditing to assist them maintain the safety of medicine management.

Requires Improvement

Is the service effective?

Our findings

The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were examples in people's care plans to show there had been a lack of assessments in relation to people's mental capacity to manage different aspects of their care. For example, one person's care plan showed they could be resistant to personal care. The person's care plan showed they had been assessed and had fluctuating capacity and did not have the capacity to make complex decisions. The person sometimes refused personal care and whilst there was information for staff on how to manage this issue, there had been no best interest meetings with the person's family to establish if the methods used were the least restrictive and in the person's best interests.

A relative we spoke with told us their loved one had recently returned from hospital following a fall. The staff had put a sensor mat in place by the person's bed to alert staff when the person tried to get up unaided. The relative was concerned that this had not been discussed with neither their loved one who had fluctuating mental capacity or themselves. We highlighted to the manager that there had been no best interest meeting to discuss any of the changes to this person's care needs, or whether the measures in place met the needs of the person and in were their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was not always working in the principles of the MCA in relation to DoLS.

For example during our visit one person had been consistently asking when they could leave the service and that the entrance door was locked. The registered manager told us the person would not be safe to leave the service without support and whilst they did ask routinely when they could go home, they had made no attempt to try to leave the service and could be distracted. However, the person's care plan contained no assessment of their mental capacity or consideration of whether a DoLS was required. We were told there had not been any best interests meetings to establish if the present management of the person's care was in their best interests and the least restrictive.

Another person who had a temporary DoLS order in place had a recommendation that an advocate be retained for them as although their family members had been in agreement about the need for a DoLS, they were not able to agree some aspects of future care. An advocate is a trained professional who supports, enables and empowers people to speak up. We asked the registered manager if an advocate had been sought; they told us they had not and was unaware of the recommendation as another member of staff had been dealing with this person and their family. The manager was aware that a recent meeting with relevant

health professionals and the person's family had taken place and issues had been agreed and resolved. However, we could find no record of the meeting in the person's care record and as the recommendations of the MCA assessor had not been followed it was not clear the person's best interests had been independently considered

Staff we spoke with did have some basic knowledge of the MCA and had received some training however a number of staff lacked sufficient knowledge the Deprivation of Liberty Safeguards (DoLS) and were unaware of which people who lived at the service had an approved DoLS in place. The manager told us they had undertaken some on line training recently in relation to the MCA and DoLS, but felt they required further training to gain a better understanding of how to apply the principles. Following our inspection the manager sent us information to show both they and the deputy manager had further MCA and DoLS training booked and this would be undertaken within a month of the inspection visit. However the lack of thorough assessments of people's mental capacity, lack of knowledge and correct documentation in place meant the provider was not always showing they were acting in people's best interests in the least restrictive way and may be depriving people of their liberty unlawfully.

The above issues meant the service was in breach of regulation 11 of the Health and social Care Act 2008 (Regulated Activities) regulations 2014.

People we spoke with told us staff always asked them for consent before they provided care for them and supported them with their choices in relation to their care. Staff were also clear about the need to offer explanation when providing care. One member of staff said, "We always ask people what they want (when providing care)." Staff told us they knew the ways different people expressed their views either in a verbal or nonverbal way and responded to them to make sure their choices were respected.

People who lived at the service told us they felt staff had the right training for their roles. One person said, "Yes I feel confident (in them)." Relatives we spoke with also felt staff were trained to undertake their roles. One visitor said, "They're trained sufficiently to do what they have to do."

Staff we spoke with told us they received training the provider deemed as mandatory when they first started at the service and this was regularly up dated to ensure they had the knowledge to help them maintain their skills. One member of staff who had recently taken on a more senior role said, "Yes I get the right training for my role, I get support from the manager." We spoke with a new member of staff who told us they had received a supportive induction and the staff they had worked with had been encouraging and helpful to them since they had started working in the service.

The manager told us the service supported staff to undertake the care certificate which is a nationally recognised set of modules that takes staff through all aspects of care covered by the Health and Social Care Act. We saw the service had a training programme in place that showed that staff were either up to date with their mandatory training or had training sessions booked to bring them up to date.

People spoke positively about the food they received at the service. One person told us, "(Its's a) good diet and varied, if it is supposed to be hot, it's hot." They went on to say there were usually two choices sometimes three and a choice of pudding. Another person said, "The food is excellent, the cook is friendly. They usually know what we want." A further person said, "There is plenty to eat and sometimes second helpings. You can ask for snacks if you want." Staff we spoke with were able to discuss what support people required and showed an understanding of their dietary needs. They told us people were referred to the relevant health professional to ensure their dietary needs were managed. People's care records showed that people had been referred to the speech and language therapy team (SALT) if they had swallowing difficulties

and were at risk of choking when eating. During our inspection we saw people received support from staff as recommended by the health professionals who had been consulted. We observed two meal times (lunch and tea) and saw people were given choices of food and at both meals hot options were on the menu. One person we spoke with told they were also offered a hot option at breakfast time.

People told us their health needs were met and one person told us, "Any emergency they (staff) are there, and if anyone looks poorly they (staff) soon get it seen to." Relatives we spoke with were also happy with their relatives care and one relative said, "If there a problem they get the doctor in." People told us they had access to a dentist and a chiropodist who visited the service regularly.

Staff discussed how they met people's health needs by ensuring prompt referrals were made to the relevant health professionals. One member of staff explained they could usually either escort people to see their GP or request a home visit on the day if any urgent health needs were raised. A senior care worker told us they used the out of hours service for advice and ring 999 if they had serious concerns about a person's health. The manager told us people at the service were able to retain their own GP when they came to the service and felt that people's health needs were well managed.

Good

Is the service caring?

Our findings

People who lived at the service and their relatives were very positive about the caring attitude of the staff who supported them. One person said, "Yes (caring) and I know them, they are kind to everybody." Another person told us, "I'm at home here, I'm happy!" A further person said, "The care is good because they look after you, if there is anything they can do they will do it. I wouldn't stop here if I didn't feel so cared for." Relatives felt welcome when they visited their loved ones and felt staff were caring and their relatives were well cared for. One relative said, "Very much so (well cared for) compared to where (name) was, they have come on in leaps and bounds and they have put weight on and that's good."

Staff we spoke with felt there was a caring culture at the service, one member of staff said, "Yes staff do care about people, we have built up good relationships with people and their relatives."
Our observations supported these comments. We saw staff's interactions with people showed their knowledge of their needs and preferences such as where they enjoyed sitting, food and drinks preferences and individual's routines. For example a member of staff explained how some people enjoyed breakfast in their rooms before coming to join other people in the different communal areas.

Throughout the inspection we saw that people's choices and preferences were highly considered by staff. People spoke positively about how they were able to choose how they spent their days. One person said, "I go to town on my own." Another person said, "Yes you can go out and have a smoke when you want, there is a sense of freedom." A further person said, "There aren't any petty rules." We saw in care plans there was information to show people's preferences if they wished to have a particular gender of staff assist them with their care.

Throughout the visit we saw people had the choice of three lounge areas and a 'snug' to choose from where they could sit. The meal time experience was pleasant and people who were sat together were served together making the meal time experience a sociable experience.

Some people we spoke with were not aware of their care plans but told us staff provided their care in the way they wanted it and listened to their views on how they should receive their care. Other people and their relatives told us they had been involved of different aspects of their plans, one relative said, "I know it's there, I put in the end of life plan." They told us they had not been to any reviews but if staff were going to change anything they would discuss it with them either over the phone or face to face. Whilst the care plans we viewed contained information stating the care plan had been developed with the person, the care plans contained no signatures to confirm this. We discussed this with the manager who told us they were aware of the work required to improve this aspect of the care plans. They told us they were reviewing all care plans with people and their families, when appropriate. The manager told us they were also devising an annual planner to organise the reviews.

The manager told us no one living at the service had any diverse cultural needs but where people wanted to attend their chosen place of worship they were supported to do so.

People we spoke with told us staff treated them with respect and maintained their privacy and dignity when providing care for them. One person said, "Oh yes no problems there." A relative we spoke with told us staff were very careful to maintain their relative's privacy when offering personal care. They told us doors are closed and staff spoke discreetly about aspects of personal care. Staff we spoke with showed a good understanding of their roles in maintaining people's privacy and dignity. One member of staff said, "We would cover people up (when giving personal care). Give people the option of managing their own needs if they wish and give people private space when they need it." We saw staff talked discreetly with people about their care and when they provided aspects of care they did so in a way which was respectful.

Staff encouraged people's independence and people were appreciative of this. One person told us they liked to wake early and whilst staff looked in to check they were alright they were able to manage their own needs in the way they chose. They told us they valued this independence. We also saw the service had two flats with small kitchenettes where two people who were more independent were able to make their own tea and snacks. This had extended these people's independence whilst giving them security of having the staff to support them.

Requires Improvement

Is the service responsive?

Our findings

Whilst people told us they were treated as individuals and supported in the way they wanted to be, their care plans did not always reflect this. The care plans were not organised in a way that made finding information about people's individual needs easy and some information in the care plans did not give staff clear guidance on the care the person required. For example one person's care plan showed the person had been assessed as being of high risk of skin damage. Their care plan showed the person was not using any creams on their skin, but a review note showed that the district nurse had prescribed cream for a vulnerable area of the person's skin in June 2017. The care plan did not give staff clear information on how often the person should be supported to change their position to reduce the risk of skin damage. However our discussions with staff showed they were managing the person's care in relation to this aspect of care in a consistent way following the guidance of the district nurse and were aware of the person vulnerability to the risk of pressure ulcers.

The same person's care plan showed the person had an indwelling urinary catheter. The care plan noted the district nurses were responsible for changing the catheter when required but the care plan gave no indication of time span. The person also had a long term health condition that required monitoring and regular reviewed by the district nursing team. The care plan only noted the person would be reviewed by the district nurses but again gave no time how often these reviews should take place. This left the person vulnerable to missing essential assessments and reviews of their conditions and at risk of receiving inconsistent care.

We highlighted these issues to the home manager who was aware these issues needed to be addressed. They were working with the deputy manager to update and evaluate the care plans to ensure they contained up to date and pertinent information for staff to manage people's needs.

Staff we spoke with told us the communication in the service was good. They said they had regular daily handovers and senior care staff kept them up to date with changes to people's needs. There was a communication book so they could see when people had appointments with health professionals and they communicated well to keep each other up to date on people's care needs. Our discussions with staff and observations of practice showed that staff were providing consistent care for people despite the lack of information in people's care plans.

People were supported to undertake activities to stimulate them and prevent social isolation. One person told us they had participated in a range of activities such as regular bingo, board games and gentle exercises. People at the service enjoyed having manicures and a number of people told us they were either able to go out alone or in groups to visit different places. People told us they had been able to cultivate friendships at the service but they were also able to undertake activities on their own if their wished. One person told us they liked to listen to their radio for the news and they like to leave their radio on low throughout the night.

We spoke with the activities co-ordinator who showed us their weekly activities plan. They told us when they

first started in their job they went round and had a chat to people to find a bit more about what they wanted. The activities co-ordinator told us they had a monthly budget and they also raised money through events like jumble sales. They told us they had raised enough money from the last event to take a number of people on a trip to the seaside and paid for refreshments and fish and chips. They told us people really enjoyed it.

People and their relatives told us they knew who to complain to if they had any issues. They weren't aware of a complaints procedure, but one relative told us they thought "there would be one," but they had not needed to complain and told us, "If I have a problem I go and see staff." People felt the manager and staff would deal with any complaint or concerns they had. One relative told us they had queried something with the manager recently about their relatives care. They told us they were happy with the explanation given and the response from staff.

Staff we spoke with told us they were aware of how to deal with concerns or complaints. One member of staff told us they would sort out anything they could themselves and record this. If they couldn't deal with it they would make sure the person in charge was aware of the complaint and again record the issue.

The manager was able to show us information on how they had dealt with complaints raised to them and there was a complaints policy displayed in the home. The manager also told us they planned to send out the complaints policy to relatives of people who lived at the service and add this to the welcome pack. This was sent out to people who were planning on living in the service. They felt this would raise awareness among people and their relatives of the company's complaints policy. They also told us they planned to discuss the complaint procedure at the next resident and relative meeting. Following our inspection the manager sent information to show they had done this.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post when we visited the service. The previous registered manager had deregistered in January 2016. The service had a further manager in post who had not registered with the CQC as they left the service before completing this. The present manager has been in post since February 2017, was in the process of registering with the CQC and was awaiting their 'fit person's' interview.

People we spoke with felt the manager was visible and approachable. People we spoke with held them in high regard. One person said, "They're the best one, they are a good listener." Another person said, "You never feel as if you are being brushed off." Relatives were also happy with the new manager. One relative told us, "[Name] is excellent." They said they felt listened to and if there was a problem the manager would act upon it. Another relative said, "I can talk to the manager, they listen and take action as much as they can do."

Staff we spoke with felt the present manager was working hard to improve the service, they told us the home manager was accessible. One member of staff told us the manager was very supportive and if necessary came in at weekends to assist them. Another member of staff told us there was a good team working at the service and the manager worked hard to promote this. A further member of staff told us there was always a manager on call should they have any issues they wanted to raise. Staff were aware of the management structure at the service and who was in charge if the manager was not on duty.

Staff told us they felt supported by their manager and deputy. They received regular supervisions where they were able to discuss any issues they had and they felt they were listened to. One member of staff said, "Yes we get regular supervisions, they are useful and our ideas are listened to and taken forward." The manager told us they had been carrying out all the staff supervisions, but their deputy was undergoing training to allow them to support the manager going forward.

Staff told us there were regular staff meetings and they found these useful. We saw there were records kept of the meetings which showed a variety of subjects had been discussed such as staff roles, laundry issues, particular care issues and the on-going service improvement plans.

The provider had undertaken an on-going environmental improvement plan at the service and during our visit we saw a number of areas had already been refurbished. People and their relatives we spoke with were happy to see the investment in the facilities and one visitor said, "I think the décor, the ambience is excellent, it is very clean."

The systems in place to monitor the quality of the service, identify issues and make improvements were not always robust. We saw the manager had been undertaking quality audits on aspects of the service such as regular medicines audits, and a monthly fall analysis. The manager collated the information which was then sent to the provider's head office to be analysed, to look for trends and ensure appropriate actions had been taken. The home's maintenance person also carried out regular audits of the environment and we saw the

schedules in place. Despite this there were still some areas where quality audits needed to be increased to improve the quality of the service such as auditing of the care plans. The manager was aware of this and following the inspection visit sent us information on how they had begun to address this.

Due to a number of changes in the senior management of the company there had been a new regional manager in place who was supporting the relatively new home manager. The manager explained the regional manager had increased their visits to assist them to settle into their role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not adhering to the principals of the Mental Capacity Act 2005 (MCA) to ensure care was delivered in people's best interests and as least restrictive as possible.