St Philips Care Limited

Ridgeway Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Ridgeway Care Centre is a residential care home providing personal care for up to 32 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 28 people using the service.

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

People received medicines safely. However, at times some people's medicines were not in stock. In addition, the provider's policy for the safe management of medicines was not fully followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality of the home. Areas where improvement was needed had already been identified, for example medicines and training. Action plans were in place to improve the quality and safety of the care provided.

There were enough staff to meet people's needs. People told us staff were kind and that they had a good relationship with them. Staff provided safe care for people and were knowledgeable about their roles. However, training was not fully up to date.

The home was clean hygienic and a pleasant environment to spend time in.

People's care plans were up to date and accurately reflected their needs. Risks were identified and appropriate action taken to keep people safe. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

The manager worked collaborately with outside agencies such as the community nurses and safeguarding to ensure people were safe and their needs were being met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 3 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations
We have made a recommendation about the management of medicines.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below	**Good**

Ridgeway Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by two inspectors.

Service and service type
Ridgeway Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ridgeway Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a new manager in post and they had submitted their application to register.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people living at the home and two relatives to gather their views of the care provided.

We reviewed the care plans for three people living at the home and key parts of other people's care plans to validate information in the management records we reviewed. We also looked at records relating to the administration of medicines and audits on the quality and safety of the care provided.

We spoke with the provider's clinical lead, the manager, a senior care worker, two care workers and a member of the domestic staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Systems were in place to ensure people's care was safe. Risks were assessed on admission and at regular intervals. Care was planned to reduce the risks to people. For example, where people were at risk of developing pressure areas, staff repositioned them regularly and pressure relieving equipment was in place.
• Environmental risks were also assessed. For example, people's ability to evacuate in case of an emergency was assessed. Plans were put in place so emergency services would know how much support each person would need.
• Accidents and incidents were assessed and action taken to keep people safe. The provider had a system in place where all accidents and incidents had to be recorded. The manager was able to review the information and make changes to people's care plans to keep them safe. The system allowed for trends to be analysed to see if processes in the home needed to be changed for people's safety.

Using medicines safely
• People's medicines were stored appropriately; safely administered and accurate records had been kept of when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff. There was a clear record of when people had been offered their medicines.
• Some people's medicines had not been available for them when needed. We discussed this with the clinical lead who had already identified this as a problem. They had arranged a meeting with the community pharmacist to resolve the issues of medicines not being delivered to the home in a timely manner.
• Staff had not always followed the provider's policy in the safe management of medicines. For example, some medicines in bottles had not been dated when opened. We raised this with the manager and clinical lead. They were already aware of the concerns and had plans in place to improve the compliance with the policy.
• There were no homely remedies in the home. It is good practice to have homely remedies available for people in the case of minor illness such as a headache or indigestion. Therefore, staff would be unable to

support people to relieve symptoms of minor illness without contacting a doctor for advice.

We recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe at the home and we could see people were happy and relaxed around the staff. A relative told us they were confident their family member was safe in the home.
• Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the home and to external health and social care organisations.
• The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.

Staffing and recruitment
• There were enough staff to meet people's needs. People told us they did not have to wait long for staff. We saw there were enough staff to meet people's needs in a timely fashion and staff responded to call bells quickly.
• The provider monitored the staffing levels in the home. The provider had a staffing tool which used people's dependency levels to calculate the number of staff needed to provide safe support to people. The home had been staffed in line with the dependency tool.
• There were systems in place to ensure staff were safe to work in the home. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• However, the manager had not ensured systems were followed and three members of staff had started work without the manager receiving two references. This meant the manager had not been assured about their previous performance in care related roles. The clinical lead told us they would work with the manager to ensure this did not happen in the future.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
• The provider had contacted people's relatives to update them on changes to the visiting policy at the home. This was in line with government guidelines. It explained that visitors no longer needed to book a visit in and there were no restrictions on visiting. However, visitors would still be required to wear a face mask to protect the people living at the home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

• People's ability to eat safely and maintain a healthy weight were assessed. Where needed advice was sought from healthcare professionals on how people's diets needed to be adapted to support them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
• Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
• People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "The foods okay."

Staff support: induction, training, skills and experience
• Staff received an induction when they started to work at the home. This included training in how to support people to move safely and how to recognise and report abuse. In addition, new staff shadowed an experienced member of staff to gain knowledge and experience. Ongoing training was provided for staff to ensure that their skills remained up to date.
• Staff were knowledgeable about their role and were able to tell us how they cared for people in line with training and national guidance. However, records showed staff had only completed two thirds of the training required. There was no impact identified and we saw staff were supporting people safely.
• We raised these concerns with the manager and clinical lead who explained that they had already identified these as areas where improvements were needed. Plans were in place to ensure that the manager supported staff to complete their outstanding training in a timely manner.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or identify if they required

further training.
• The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed that people had been supported to access healthcare whenever needed.

Adapting service, design, decoration to meet people's needs
• The home provided a good environment for people. It was a pleasant environment to spend time in. There were several communal areas so people could socialise or spend quiet time. People were able to personalise their bedrooms so they felt comfortable in them.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

• People were not unlawfully restricted. People's ability to consent to living at the home was assessed and where necessary an application for a DoLS assessment was completed. There was no one at the home with any conditions on their DoLS.
• People's rights were maintained. Where people might lack capacity to make decisions about their care an MCA (2005) assessment was completed for each decision the person needed to make.
• Staff had received training in supporting people's rights and abilities to make choices about their lives. When a person was unable to make a decision, one was taken in their best interest. Best interest decisions had considered the views of family and healthcare professionals.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• One person told us, "You can have a laugh and a joke with the [care staff]."
• Staff knew people well. Some people's ability to communicate was reduced, however, they still felt comfortable and interacted with staff in a non-verbal manner. We saw staff picked up on their non-verbal communication.

Supporting people to express their views and be involved in making decisions about their care
• Staff told us how they offered choices to people. Where people living with dementia struggled to make decisions, staff simplified them, so they were still able to input into their care. For example, by offering a visual choice of two items of clothing.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in supporting people's privacy and dignity. They explained they did this by ensuring doors and curtains were closed before giving care, using towels to preserve people's dignity while providing care and encouraging people to do as much as possible for themselves.
• People told us that care staff supported their independence and allowed them to do as much as possible for themselves.
• Relatives told us that staff ensured that people were well presented. One relative told us, "[Name] always looked well dressed and clean when we visit."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

• Care plans reflected people's needs and had been reviewed on a regular basis to ensure they took account of any changes people needed in their care. In addition, care plans contained the information needed to support staff to tailor the care to people's individual needs. For example, they identified where people needed support and where they could be independent in caring for themselves.

• Staff were kept up to date about changes in people's needs. There was a handover of information when shifts changed and detailed information about people's needs was shared.

• People and their relatives were aware of what was recorded in their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• People's communication needs were identified and respected. People's care plans contained information on what support they needed to access information, for example if they used glasses or hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• Relatives told us how happy they were that they could come into the home for a proper visit and be a part of their relative's daily life.

• There was a good activities program in place to support people to be entertained and enjoy their lives. In addition to group activities, the activities coordinator was also able to spend one to one time with people who chose to stay in their bedrooms. A relative told us they could see what activities were taking place on social media. They said, "[Name] is always doing something."

Improving care quality in response to complaints or concerns

• People were supported to raise concerns. People received information on how to make a complaint when they moved into the home and information was also on display in the home for people to access.

• People living at the home and their relatives told us that they were happy to raise concerns. However, there had been no recent complaints made.

End of life care and support

• People's wishes for the end of their life had been recorded in their care plans. For example, if people

wanted to stay at the home instead of being admitted to hospital.
• Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind caring relationships with them.
• People were positive about the care they received and relatives we spoke with also confirmed that they felt the care was good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. In addition, the manager was in the process of completing their registration with the Commission.
• The manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.
• There were effective audits in the home, this allowed the registered manager and provider to monitor the quality of care provided and to make improvements when needed.
• The manager was open with people when incidents happened. Relatives we spoke with told us they felt fully informed about incidents their relative had been involved with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives had been asked about their thoughts on the service. People were confident that action would be taken if things were not right. Relatives were supported to attend relatives' meetings and there was a monthly newsletter to keep them up to date with the home.
• Staff were kept up to date with changes in the home through team meetings and individual supervision meetings. Staff told us that they were happy to raise any concerns that they had and were aware of the provider's whistleblowing policy which enabled them to raise concerns anonymously.

Continuous learning and improving care; Working in partnership with others
• The manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.

• The manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.