

Sanctuary Care Limited

# Ridgewood Court Residential Care Home

## Inspection report

Ridgewood Drive  
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ridgewood Court Residential Care Home is a residential care home providing accommodation and personal care to 44 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People and their relatives told us that the care and support they received was exceptional. They told us the atmosphere within the home was warm, friendly and pleasant; staff had a natural and everyday approach, respected people's home and put them at ease. We saw many examples of staff interacting with people in a kind, caring and positive manner. Staff encouraged people to make decisions for themselves, encouraged them to take the lead and ensured that they gave people the time to do so. We saw one staff member giving a person a hug and offering them friendly reassurance. People told us they had great relationships with staff and often shared good humour. People were treated with dignity and their independence and autonomy was promoted in many ways. This all led to what people and their relatives described as an exceptional experience.

Staff were focused on people not on tasks and always considered the person. People's privacy was respected. One visiting health professional told us, "They really think about people's privacy; they are very respectful of the people who live here." The registered manager told us, "As much as possible we want people to be leaders in their own care." We saw many examples of this.

The service provided at the home and the environment was safe. Attention had been given to the design of the home to enhance people's enjoyment and comfort. There was a kind, caring and open culture at the home where people, their relatives and staff told us they could raise any concerns and had confidence that they would be acted upon. Staff also received training in and were knowledgeable about safeguarding people from the risk of abuse.

There was a detailed and thorough assessment of people's needs before they came to live at the home. People spoke very positively about this process. One person told us, "Coming to the home was a very smooth process. The manager and all the staff were very helpful, very personable." Another person told us, "They even thought of things we haven't even mentioned."

Each person had an individualised care plan that was started with a thorough assessment of their needs and an agreed plan of how people were to be supported to meet these needs and remain safe. 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.

People were supported to plan their day to day lives, doing things that they enjoyed, were important to them and that they benefitted from. There was a weekly changing planner of activities and events both

inside and out of the home that people could choose to get involved in including trying new activities that they may enjoy. One person's family member told us, "There is so much for my mum to do that she loves."

There was a positive culture within the home, all staff were relaxed during our inspection and eager to tell and show us what they were doing. Staff told us they felt well supported in their roles and were encouraged to learn and challenge the practices within the home.

We found the registered manager and the management team to be exceptionally open and candid during our inspection. There was a culture of listening and working in partnership with people and their relatives and of focusing on continuous improvement.

#### Rating at last inspection

This service was registered with us in April 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection methodology. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ridgewood Court Residential Care Home

## **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 Care Act 2014.

#### Inspection team

This inspection was completed by an inspector and an assistant inspector.

#### Service and service type

Ridgewood Court Residential Care Home, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

To plan the inspection, we used information the service had notified us about and we sought feedback from the local authority. We also used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager. We spoke with two visiting health and social care professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management, quality and safety of the service were reviewed.

# Is the service safe?

## Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a kind, caring and open culture at the home where people, their relatives and staff told us they could raise any concerns; and have confidence that they would be acted upon. Staff also received training in and were knowledgeable about safeguarding people from the risk of abuse.
- There were appropriate policies and systems in place for responding to any safeguarding concerns. We saw that there was a thorough and robust system for analysing any safeguarding concerns. The registered manager looking for learning, any underlying problems or trends; in partnership with outside professionals.

Assessing risk, safety monitoring and management

- Regular assessments and checks were undertaken to ensure the home's environment remained safe. There were systems in place to keep people safe in an emergency.
- The home was a new purpose-built building with inbuilt safety features such as sprinkler systems, automatic fire doors and an easily accessible environment. The home also made use of assistive technology to reduce risks and help ensure people were safe.
- The registered manager told us that they had deliberately increased the number of people living at the home slowly. They wanted to be sure they could meet all people's needs safely.
- People and their relatives told us they thought the home was safe. One person's relative told us, "It's absolutely brilliant. We feel lucky to be here. I feel he is safe; he had five falls in hospital and hasn't had one here."

Staffing and recruitment

- There was a 'dependency tool' that was used to help make sure there was enough staff available to meet people's needs. People, their relatives and staff told us that the levels of staff at the home had been inconsistent; the registered manager had addressed this with recruitment and a new staffing rota. Feedback was that there was now enough staff to meet their needs in a timely manner.
- Appropriate checks were made, along with a values-based recruitment strategy to help ensure that new staff were suitable for the role and recruited safely in line with best practice.

Using medicines safely

- Staff members followed safe and effective systems in storing, recording and administering people's medication. Each person had a medication profile which contained all the information staff needed.
- We had a discussion with the registered manager regarding improvements that could be made in recording the application of medicated creams.

Preventing and controlling infection

- The home had a bright, pleasant environment and it was clean and fresh smelling. One person's relative

told us, "The staff take pride in the home."

- Staff at the service were using a micro fibre cleaning system. One housekeeper told us that this reduced the use of chemicals, which helped people who were sensitive to strong smells and allergies. Each micro fibre cloth was used once per room then washed; this was good infection control practice. Staff had received training in infection prevention.

#### Learning lessons when things go wrong

- There was guidance available for staff on how to respond to incidents. This included a system for recording, investigating, responding to and learning from accidents, incidents and errors. This included prompts after 24 and 48 hours for staff to check on people's wellbeing and the follow up to the incident.
- We saw examples of how this system had helped keep people safe. However, we had a discussion with the registered manager about consistency in the recording of important details; to allow the manager to assess the response to the incident.



# 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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a detailed and thorough assessment of people's needs before they came to live at the home. This was done in a way that ensured everybody was treated with respect and considered people's protected characteristics in a way that was meaningful to the person.
- People spoke very positively about the assessment. One person told us, "Coming to the home was a very smooth process. The manager and all the staff were very helpful, very personable." Another person was very please and told us, "They even thought of things we haven't even mentioned."
- Some people were enabled to come to stay at the home for a short time or join in some activities to see if they wanted to stay at the home. This helped the person to make an informed choice.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and training when they came to work at the home.
- Staff told us they felt well supported in their roles and they were encouraged to learn and challenge the practices within the home. Staff were supported by having regular staff meetings, guidance distributed to staff and staff had regular one to one supervision meetings with their line manager.

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

- People were very positive about the food provided; they told us that there was a good variety. One person told us, "I've never tried lamb tagine before; I really enjoyed it." Another person told us, "The breakfast couldn't have been any better."
- Staff paid attention to the quality of people's mealtime experience. Mealtimes were an unhurried and enjoyable experience; with well laid out tables in an inviting environment.
- People's food needs and preferences were assessed. People told us that there were different options available at each mealtime and snacks and drinks were always available for them to help themselves.

Staff working with other agencies to provide consistent, effective, timely care

- We saw many examples of staff at the home working in partnership with outside agencies to ensure people received the best possible care.
- A visiting GP told us that staff work with them to ensure people's health care needs are met. They told us that the staff communicated with people well and responded in a timely way to any concerns and responded to people's changing needs.
- We saw that staff had sought and followed the guidance of Speech and Language Therapists, to support people safely and effectively when they had difficulty swallowing food.

Adapting service, design, decoration to meet people's needs

- Each floor the home had a well decorated, domestic style lounge with an adjoining dining area and kitchen where people could have snacks and drinks at any time of the day.
- Attention had been given to the design and décor of the home to enhance people's enjoyment and comfort. For example, there were low level windows that allowed people to easily look outside; there was adapted lighting that allowed softer light during the evening and each person's room had electronic climate control which allowed them to adjust the temperature of their room for their comfort.
- Each person's room had an en-suite wet room and three-quarter beds for people's comfort. There were also additional bathrooms for people who preferred a bath.
- The home had well-kept gardens that people had access to, with sitting areas, raised beds and bird feeding tables. One person told us the garden was, "lovely."

Supporting people to live healthier lives, access healthcare services and support

- People were appropriately supported with their healthcare needs. The home had an arrangement with a local GP practice that enabled people to have prompt medical attention. Outcomes from appointments were recorded and people's care files updated.
- The care of people with identified health concerns was reviewed by a senior member of staff each day.
- There was an effective system in place to ensure that necessary referrals were made with health professionals. The outcomes of referrals and any changes to people's care and support needs were recorded in people's care files. One person's family member told us about a recent time when staff had been vigilant in responding to their relative's health needs.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and support was provided in line with the principles of the MCA. Whenever possible people were consulted with and their consent sought in many different aspects of their care.
- People's capacity to make important specific decisions was assessed; during this assessment people were supported to help them make a decision. If this was not possible any decision made followed the best interest decision making principles.

# 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.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that the care and support they received was exceptional. They told us the atmosphere within the home was warm, friendly and pleasant; staff had a natural and everyday approach, respected people's home and put people at ease.
- We saw many examples of staff interacting with people in a kind, caring and positive manner. Staff encouraged people to make decisions for themselves, encouraged them to take the lead in their care and ensured that they gave people the time to do so. We saw one staff member giving a person a hug and offering them friendly reassurance. People told us they had great relationships with staff and often shared good humour. This all led to what people and their relatives described as an exceptional experience.
- One person told us about the staff, "They are keen to look after us." Another person said, "The care is lovely." People's relatives said, "Staff are wonderful; they think a lot of my mum. They are so kind and respectful." And, "Staff have become like part of our family."
- One person's relative told us that they really appreciated the caring approach towards their family member and themselves. They told us, "When [name] was poorly they looked after her so well. I saw one staff member had their arm around her and another one was stroking her back and comforting her. They were so lovely with her; she could not have had better attention. They made a bed up for me and fed me and when [name] went to hospital they packed us a bag of food. The care was fabulous."
- The registered manager told us, "I'm proud of my fantastic team and the fantastic feedback I get about them." They told us that they provided a welcoming atmosphere to help people settle into their home. We saw that in recognition of it being people's home one of the floors had been named after the first person to move into the home.

Supporting people to express their views and be involved in making decisions about their care

- Staff at the home were enthusiastic about listening to people and supporting them to make decisions in their lives; both big and small. People were listened to and supported to make choices in many different ways. For example, one person's family member told us, "The food is fabulous. But when [name] first came they were not eating. The kitchen staff were amazing, they focused on choice and they made anything they could think off to tempt her. Now she is eating well."
- Another person told us, "The cook has come out a few times and checked if we like the food. They will put new things on the menu that we ask for; such as we asked for more fish." One person's relative told us, "Mum has a crispy fried egg in the morning; just how she likes it. They cook an egg separately just for her. It's lovely that somebody pays that much attention to my mum."
- One person told staff that they really missed going for a swim as they used to do regularly many years ago. The managers and staff listened to the person, researched and assessed a suitable pool and made

arrangements for the person to go swimming again, including making sure additional staff were available to support them. Their relative told us, "The staff here are amazing, mum is so happy."

- Another person had kept an aviary and bred birds for decades at their home before they came to Ridgewood Court. After working with the person's family; staff at the home arranged for part of the gardens to be assessed and safely adapted so the person was able to bring their walk-in aviary to the home. We saw them in the aviary, feeding and talking to the birds. Staff told us that the person did this often throughout the day; their family told us that this had really improved their wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People's independence, autonomy and dignity was promoted in many ways. For example, staff observed that the teapots at the home were big and heavy; these were changed to smaller ones so that people can now pour their own drinks. People had adapted plates to enable them to be more independent at meal times. People were supported to dress and groom in ways that they chose, with support to style their hair, make up and nails. One person told us, "This really cheers me up."

- People were spoken with respectfully, staff were focused on people not on tasks and always considered the person. We saw that people were constantly offered choices and staff asked, "Would you like?" before providing any support.

- The registered manager told us, "As much as possible we want people to be leaders in their own care." We saw an example of this when over several weeks, staff had taken the time to support one person to regain the ability to shave themselves. The person showed us that they were really happy with this support. One staff member told us, "We ask; what would we want? And, are we providing this?"

- Staff at the home had listened when some people told them they missed being able to independently shop for small items and gifts for friends and family for special occasions. The home worked alongside a local business to set up a pop-up shop within the home. The shop enabled people who could not leave the home independently to buy personal items, gifts and cards from within the home. The stock in the shop changed regularly and was very popular with people and their visitors. Ten percent of the sales went towards funding activities for people.

- People's privacy was respected. One visiting health professional told us, "They really think about people's privacy; they are very respectful of the people who live here." We saw that people had been supported to celebrate important occasions with their families in parts of the home, that toys were available for people's visiting grandchildren and people's friends and relatives were invited to join in on events happening within the home. This helped promote people's dignity.

# Is the service responsive?

## Our findings

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

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

- People were supported to plan their day to day lives, doing things that they enjoyed, were important to them and they benefitted from. There was a weekly changing planner of activities and events both inside and outside the home that people could choose to get involved in including trying new activities that they may enjoy. One person's family member told us, "There is so much for my mum to do that she loves."
- People were supported to stay as active and healthy as possible with a range of activities for different people's abilities, including armchair exercises, walking, gardening, swimming and tai chi.
- There was an emphasis on people having choice and control. People were supported to continue with any passions, skills, previous occupations and interests that they had before coming to the home. Family members dogs were welcome, people had access to broadband internet and there were lots of interesting items around the home, such as books, games and one staff pointed out that, "Handbags are left around the home for people to have a mooch."
- Each person had an individualised care plan that was started with a thorough assessment of their needs and an agreed plan of how people were to be supported to meet these needs and remain safe. These care plans were regularly reviewed involving people and their relatives to ensure that they were current.
- Staff told us that they were aware that people's care can deskill them at times. They told us that they are conscious of this and their aim was to enable people and utilise their life skills.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a way that was suitable and meaningful for them, including in one to one discussion. Information was also available for people in large print and in a pictorial format.

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

- People were supported to maintain relationships, form new relationships and to have numerous opportunities to remain socially active.
- Examples of this included a 'Knit and Natter' group where people knit blankets for babies in local hospital, baking in groups, using the homes cinema for movie nights and musical sing-a-longs, shared reading groups, community groups coming to the home, people supporting and watching a local football team and gardening together,
- People were encouraged to remain active members of their community by using local services, such as

community centres, the local library, cafes and visiting local places of interest. The home also held community events such as cheese and wine socials and a summer fair, which was previously attended by over 250 people from the home and local community. The home had a dedicated community budget that was spent in conjunction with people's wishes. People's family members were invited to join in on all activities; some told us that they did. One person said they were happy that, "My family are welcome."

- People were supported to maintain and practice their faith. There was a regular religious service at the home and people's religions and spiritual beliefs and how they could be supported to express them was assessed and explored with people.

#### Improving care quality in response to complaints or concerns

- There was a robust and positive approach to looking into and responding to people's concerns and complaints. We saw that these were listened to, acknowledged in writing and followed up with a written response.

- People's relatives told us the registered manager was responsive to complaints and concerns. One person's family member told us, "We never have to chase things up. We ask for something... and its soon done." Another person's family member told us about a concern they raised, "They were responsive to our concerns. They sat down, we talked it through and it was sorted quickly."

#### End of life care and support

- At the time of our inspection nobody was receiving end of life care. We saw evidence that showed staff worked alongside people's families and medical professionals to help ensure that people experienced a comfortable end of life that met their preferences.

# 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.

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

- There was a positive culture within the home, there were warm and natural interactions between staff and people living at the home and between staff members. Management and staff had a focus on treating people as individuals.
- The registered manager told us that they have embraced a values-based approach to staff development, recruitment and training which is central to all that they do. If staff did not embrace the values-based culture of the home, they were challenged.
- The registered manager knew people and their family members; people were familiar with them and spoke positively about them. One person told us, "The manager is fantastic, thorough and responsive and he instils this in all the staff. A very good manager."
- Staff spoke positively about the culture within the home, they told us that they felt valued.

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 registered manager told us of examples of how promoting an honest and open culture; had led to learning and improvements in people's care.
- We found the registered manager and the management team to be exceptionally open and candid during our inspection. We saw examples of the registered manager acting on their duty of candour and when something went wrong, apologising and providing details for people and their family in writing. Appropriate information had been shared with the CQC as necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Daily staff meetings helped ensure good communication and information sharing. This helped the registered manager to have oversight of the service.
- There were regular quality assurance audits of the service. Information from these is used to inform decisions and plan actions. It was clear to see a culture of improving quality.
- There was a service improvement plan in place for staff to read. When we spoke with staff they were aware of what areas that they were working on improving.
- We saw, and people's relatives told us that the staff in the office and reception area were very helpful and were aware of what was happening in the home. The staff told us that being a first point of contact it was important to help people feel comfortable and encourage them to talk if they had a problem or a concern.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People at the home and their relatives were consulted with as individuals and as a group during regular resident's meetings and family meetings.
- There were satisfaction surveys which gained the feedback of people and their relatives about the home. There was a resident's information guide providing useful information for people and if appropriate people's family members were involved in reviewing their care plans. One person's family member told us, "We feel kept up to date."
- Staff told us that they felt listened to and were regularly consulted with by senior staff. We also saw that there were events organised that helped teamwork and the wellbeing of staff members.
- The registered manager had worked with the local authority to help ensure that they were able to meet local people's needs; which had led to changes at the home. They had also fostered strong links with the local community and community leaders.

Continuous learning and improving care

- There was a culture of continuous improvement, there was an improvement plan in place and staff knew what the current focus was on. Staff were reflective and challenged themselves and each other, which helped ensure improvements were made.