Midland Property Investment Fund Limited

Ridgeway Court Care Home

Inspection report

2-4 Dudley Road
Sedgley
Dudley
DY3 1SX
Tel: 00 000 000
Website: www.example.com

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 4 November 2015 and was unannounced. The provider is registered to provide accommodation and personal care for up to 39 people. On the day of our inspection 33 people lived at the home. People lived with a range of conditions which related to old age and included dementia.

At our last inspection in September 2013, we asked the provider to take action to make improvements to the safety of the premises and equipment used by people and this action has been completed.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

Summary of findings

People felt safe using the service and risks to their safety had been identified. People and their relatives had no concerns about their family member's day to day safety. Staff knew how to support people safely but not all staff had training in how to recognise and report abuse.

Staff were recruited in a safe way. People and their relatives felt that enough staff were available to meet their needs.

Staff were kind and caring. Interactions between staff and the people who lived at the home were friendly and polite. Staff were considerate and helpful to people.

Medicines were managed safely and ensured that people received their medicine as it had been prescribed by their GP. People had access to healthcare facilities to support them with their health needs.

People were happy with the meals offered. Care had been taken to ensure people had the support they needed to eat enough. Drinks were offered throughout the day to prevent the risk of dehydration.

Staff felt that they were provided with the training that they required to care for people appropriately. Staff were actively supported in their care roles.

Staff were aware of how to seek people's consent and respect their choices. However further training was needed to ensure they effectively supported people's rights.

People were confident their complaint would be listened to and they had access to complaint procedures.

Quality monitoring processes were in place although this had not ensured that the provider took preventative or corrective action in relation to the safety of the premises when this was needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had addressed safety of the premises and equipment.

Staff knew what to do to protect people from abuse.

Recruitment systems were robust to prevent the possibility of the employment of unsuitable staff.

The arrangements for managing people's medicines ensured people received them as they were prescribed.

Good

Is the service effective?
The service was not consistently effective.

People's needs were met by staff who had the right competencies. Staff were well supported with their skills to enable them to carry out their role.

Staff sought people's consent and understood they could not restrict people's liberty. However they had not had training in this area and these safeguards were not always put into practice effectively.

People enjoyed their meals and were well supported to eat and drink enough.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity and privacy was very well maintained.

Visiting times were flexible and staff made people's relatives feel welcome.

Good

Is the service responsive?
The service was not consistently responsive.

People and their relatives confirmed that the staff knew the people well enough to meet their needs.

A variety of recreational activities were available to meet people's preferences and needs.

People were confident that they could raise any concerns and action had been taken in response to complaints.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

The provider had a system for monitoring the service but did not take preventative action in relation to the safety of the premises within the required timescales.

There was a clear management structure which resulted in well supported staff who delivered quality care.

Ridgeway Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 November 2015 and was unannounced. The inspection team consisted of two inspectors, 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 looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We also contacted the local authority who monitor and commission services for information they held about the service.

We spoke with 15 people who lived at the home, five relatives, the registered manager, seven staff, the cook, an activities worker and a visiting health care professional. We used the Short Observational Framework for Inspection (SOFI) during a planned morning activity. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked in detail at the care records for four people, and referred to three other people's care records for specific information. We looked at the medicines management processes, three recruitment files, records maintained by the home about staffing, training, accidents and incidents, safety inspections and the quality monitoring systems.

Good

Is the service safe?

Our findings

At our previous inspection of September 2013 we found that the provider had not ensured that the premises and equipment that people used were fit for purpose or safe. The provider sent us an action plan to tell us when the required improvements would be made.

At this inspection we saw the provider had taken action to improve the quality of the premises. We saw that refurbishment of the bathrooms and replacement of bath tubs had removed the risk of sharp edges causing injury to people with fragile skin. Ceiling lights had been newly fitted and the bathrooms redecorated ensuring there were sufficient bathing facilities that were safe for people to use. A staff member told us, "It's much better now as we can use these bathrooms". A relative told us, "The improvements to the bathrooms and other areas are good".

We also saw that previously condemned equipment had been replaced. The provider had ensured that the provision of hoists and stand aids to support people's mobility was sufficient. We saw staff had access to stand aids and hoist equipment to support people. A person who used the equipment told us, "I don't have to wait for the hoist there seems to be enough of them".

At our last inspection in September 2013 the provider was unable to demonstrate that safety tests had been carried out to confirm the safety of the water supply and the gas safety certificate was not available. At this inspection we saw the provider had certificates in place to confirm the supply of water and gas was safe.

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said "They [staff] keep you safe, I feel safe here. The fact is there is always someone around to help you". Another person told us, "It's very, very good, I really like the place and feel very safe here". Comments we received from relatives were equally positive they told us their family members were supported in a safe way. One relative said, "The care is very good, staff are great I'm kept informed. I would book myself in if I could".

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission. This information was displayed to aid their access. Training records showed not all of the staff had received safeguarding training but some were booked for this. We saw that the registered manager had reported safeguarding incidents appropriately where someone was at risk. We also saw that she had learned from safeguarding investigations and had taken some action to improve the safety of people and use this to inform their practice. For example we saw she had sourced external training in report writing skills. She had also met with staff to provide guidance about recording specific details about the personal care provided to people. This was to ensure staff could demonstrate they were providing care to keep people safe and well.

We found that the registered manager had strategies in place to make sure that risks were identified and managed. For example we saw that in each person's bedroom there was a record of their immediate safety needs. A record of daily checks relating to pressure areas was signed by staff to confirm observational checks had been carried out. Any changes were notified to the senior person on duty. We saw that pressure relieving equipment was in place in line with people's risk assessments. These included the actions needed to reduce risks to people's safety. We spoke with a visiting health professional who told us that they had a regular meeting with the registered manager and a communication book to share any concerns. We were also told staff were alert to the need to seek advice and that they followed recommendations to reduce risks.

All of the people we spoke with told us they were satisfied with the staffing levels. One person said, "There is always staff knocking about; I get the help I need and they don't rush me". A relative we spoke with said, "There always seems to be a lot of staff when I visit and they are always tending to people". We observed that staff were available in the lounge areas to support people with their needs. We noted that when people used their call bells for assistance these were answered without delay. We saw that additional staffing was provided to meet the needs of people who needed assistance to eat. We saw the provider employed two additional activity workers who were available on the day. People told us this enabled them to go out to various places. We saw there was sufficient staff to provide occupation for people and sit and chat with them. Staff told us staffing levels were sufficient and that people's dependency levels were taken into account when planning staffing levels.

Good

Is the service safe?

Staff we spoke with confirmed that they had been asked to provide references and a Disclosure and Barring Service [DBS] check before they started work. We looked at the safety of recruitment procedures and found that in one of the staff files for a recently recruited staff member the references did not include one from their previous employer. The registered manager acknowledged this and told us it would be rectified. We found the other files followed safe recruitment processes because they included reference checks and DBS checks.

People told us they received their medicines at the times they needed them. One person said, “Three times a day, bang on time”. Staff told us and training records confirmed that staff had received medicine training in order to do this safely. Our checks on medicines showed that they were stored safely and at the right temperature. The system for ordering medicines had ensured a sufficient supply was available for people. The Medicine Administration Records (MAR) matched the balance of medicines which showed that people had their medicines consistently. Some people had their medicine on an ‘as required’ basis and we saw that there were protocols in place to instruct the staff when the medicine should be given.

Requires improvement

Is the service effective?

Our findings

People and relatives spoke positively about the care and support provided by staff. One relative told us, "The staff understand people's needs". A person who lived at the home told us, "They help me a lot with my mobility; they always use the hoist correctly".

Staff told us they had an induction when they started work which included; getting to know people's needs and safety procedures, as well as shadowing established staff. We saw there was documentary evidence of this in the staff files we looked at. A new member of staff told us, "I shadowed other staff for several shifts and had training". We saw that safeguarding procedures had been discussed, moving and handling training had taken place and training in diabetes and food hygiene was planned. The registered manger told us that the induction had been completed as part of the new Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. The registered manager told us that they would use this for all future staff and to support them with this a senior member of staff had recently attended a training course related to this.

Staff confirmed they had opportunities to undertake training that was relevant to their role and we saw training records confirmed this. We saw that staff used their training effectively when supporting people with the use of hoists and stand aids. Staff also demonstrated their awareness of the preventative measures in place to reduce the risk of people developing pressure sores. We saw for example that they moved people's positions regularly in order to provide pressure relief. We saw that staff had been well informed with updates via group discussions which looked at different themes such as dignity, pressure care, and record keeping. Staff had an annual appraisal in which their performance was assessed and they received feedback to enable them to care and support people effectively.

Staff had received supervision and the opportunity to discuss their work and any development needs. Where there had been performance issues these had been followed up with training and expectations had been made clear. A staff member told us, "The manager is very good, she always supports us, explains things and we talk about care issues". Another staff member told us, "I am happy with the support and training I get to help me care for people properly".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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 were being met. We found that the processes the registered manager was following did not always ensure people's capacity was considered. For example capacity assessments had not been completed where staff suspected people were unable to consent to aspects of their care. We found that decisions had been made on the behalf of two people where their care records stated they had capacity. Decisions about the flu vaccination or use of bedrails had been made by relatives without the person's consent and in the absence of a mental capacity assessment. There was no information regarding how the decisions or judgements had been arrived at which meant staff had proceeded to consider people's best interests. This confirmed that staff did not always work within the principles of the MCA.

Our observation of staff practices showed they did ask for people's consent regarding their daily care needs. We saw they offered people choices about where they wanted to sit, what they wanted to do, and what they wanted to eat and drink. We heard staff ask people before they proceeded with care tasks and people told us that staff asked their permission before they provided care. The registered manager told us that one person was under a DoLS. A DoLS application had been made but had not been authorised by the supervisory body. We spoke with the person to ascertain if any restrictions had been placed on

their movements. They told us they had settled into the home and spoke highly of staff and the care they were receiving and had no complaints about their treatment. We saw during the day that this person walked freely around the home without restriction. This meant that there was no evidence that there was an impact on this person or that their liberty was being restricted unlawfully. However there was a lack of training and understanding in this area.

People were complimentary about the choices of meals and had been actively involved in planning the menus. One person said, "The meals are nice and we can have an alternative". We saw that meal choices were regularly discussed in meetings and on a daily basis so that people had what they would enjoy. A relative told us, "The food is good and [person's name] always seems to enjoy it". We saw two separate lunch times were operated which enabled staff to provide the time and support to people who needed assistance. This was carried out in a positive and encouraging fashion. Staff were aware of people's dietary needs and we saw nutritional needs had been assessed and risks referred to the doctor or dietician for guidance. Plans were in place to guide staff in supporting people to eat and drink enough. Weight checks were in place to ensure any deterioration was identified. We saw staff encouraged people to drink at regular intervals. The cook had up to date information about people's dietary needs. Specific diets were catered for such as diabetes or pureed food. We also saw that finger foods, cakes and snacks were encouraged during the day to promote some people's intake.

People told us, and records confirmed that they received support from healthcare professionals. A person told us, "I think they [staff] are very good at getting the doctor in". We saw people had access to a range of health professionals. We saw staff had received guidance in preventative measures for pressure sores from the district nurse team. A health professional told us that they had good communication with the staff who carried out interventions consistently and had no concerns about people's health risks in this area.

Good

Is the service caring?

Our findings

People who lived at the home consistently told us that staff had a caring attitude; this view was also shared by people's relatives. One person told us, "They are kind and friendly and very helpful". A relative told us, "Staff are kind and have really looked after [Person's name]."

One person told us, "They are great; always friendly and available and if I'm upset they are very caring". We observed positive interactions between staff and people. We saw staff regularly sat and spoke with people and some people told us staff made time to chat and joke with them. We saw staff knew people well and their preferred method of communication. For example we saw that staff used hand signals for a person with a hearing loss and took the time to sit and communicate with the person who responded to them. Another person told us, "If they can help in any way, they will; I've only got to move and straight away they will ask me are you okay, can I help you?"

We observed that staff were aware of people's needs and preferences and checked with people if they were comfortable. We observed staff regularly took the time to acknowledge people in a friendly manner when passing them in the corridor or in the lounge. We saw staff explained to people what they needed to do before they assisted people. A staff member told us, "We always give people time and explain otherwise some people might get anxious or upset". Where people showed distress we saw that staff tended to them quickly; held their hands and used a reassuring tone of voice to encourage them. We saw some people responded to this tactile approach and smiled. Our observations throughout the day showed staff were very receptive to people's needs and pre-empted these well. We saw staff were aware if people looked uncomfortable and offered to take them to the toilet. One person told us, "They are very considerate; you don't have to wait here to go to the toilet".

Most of the people we spoke with told us they had been involved in discussing their care. One person told us, "Yes they do ask me what I think and they advise me what they think is best and I'm happy with my arrangements". Relatives told us they had been consulted about the care of their family member. One relative told us, "I'm always kept informed and they will discuss issues with me". Another relative told us, "This is as good as you can get away from home". We saw that meetings had been arranged both during daytime and evening, as well as a cheese and wine session to enable relatives to express their views. The meetings had not been very successful but we saw meeting dates were being organized.

Information about access to local advocacy services was available should people require this. People we spoke with told us they managed their own affairs with the support of their family.

We observed staff respecting people's dignity and privacy when assisting them with their personal care needs. One person said, "My privacy and dignity is always respected". The use of screens during hoisting preserved the dignity of people. We saw this took additional time and effort by staff but they did this consistently throughout the day when hoisting people. We also heard staff took the time to engage people in conversation and reassure them. Relatives told us they were happy with the attention paid to their family member's appearance and our observations showed people had been well supported with their personal care. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked the door before they re-entered. Staff knocked on people's bedroom doors and waited for permission to enter. Staff gave examples of how they protected people's privacy during personal care. There was an individualised approach to meeting people's personal care needs; we saw people were assisted to access the toilet when they wanted it and we saw this continued through the day. A person told us, "When I want to go the staff will help me". We saw people were encouraged to maintain their independence; staff encouraged them to walk with their walking aids. Some people maintained some aspects of their personal care such as washing or dressing and told us staff would not rush them but were patient.

People told us their family and friends could visit at any time. We saw there was no restriction on visiting times. A relative told us, "You are always made welcome. The staff are very happy and they in turn look after the residents well".

Good

Is the service responsive?

Our findings

People told us that when they first came to live at the home staff had asked them how they wanted to be supported and what they could do for themselves. One person said, "I was involved and they [staff] asked about my needs and where I needed help; I'm happy they help me where I need it".

People told us that staff knew them well and knew their daily routine and preferences. One person told us, "I prefer to stay in my bedroom, I have everything I need. Staff will fetch the paper or bits from the shop. I get help in the morning and at night, they know my routine".

A relative said, "The place is brilliant; the staff are very good. They take [name of person] out regularly to the shops, attends a weekly church meeting and is taken to the local pub. There are lots of activities in the home". Relatives told us that they had been involved in the planning of their family member's care. They told us that they were involved in meetings and reviews to make sure that their family member was supported and cared for in the way they preferred.

We found that staff were up to date with people's needs. For example a staff member who arrived for the afternoon shift had been informed about a person newly admitted to the home the previous evening. They were able to give some information about the person's needs that they had obtained from the staff handover. The impact of this was that we saw staff were responsive to the person who was distressed. We saw staff spent time reassuring the person and assisted them with their mobility and personal care.

Care records that we looked at contained some history about each person. Records highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We also saw there was information about their character, sense of humour, what they found difficult and how they communicated. Staff had a good knowledge of what was written in the documents. A staff member said, "We read the care plans and discuss people's needs, we get to know people and how they like things done".

People we spoke with told us that they were supported to attend religious services if they wanted to. We heard that this was a weekly event and several people enjoyed the opportunity to worship.

We observed that during the day staff were available to provide people with care and support when they needed it. For example we saw there were no rigid routines; people were supported to the toilet when they wanted to go. We also saw staff responded to people when they wanted a drink, or to retire to their room. One person told us, "I think the staff are very good they always try to assist me and I have never been left waiting".

We observed that there was a high level of engagement and interaction with people. Activity coordinators had arranged a variety of interesting things to doWe heard from one person that their cultural needs had been met by arranging attendance at a Caribbean festival although they chose not to go. Several people told us they regularly went to the local cafe for a coffee and tea cake and walks in the park opposite. On the afternoons activity coordinators arranged other interactive activities such as baking with the people who had not gone out. Aromatherapy was said to be popular with most people and keep fit sessions and singing. People told us there was always something to do. There was a relaxed atmosphere in the home with lots of laughter and talking. A person said, "It gets quite lively but I love it".

People we spoke with were not aware of a complaints procedure but said they were confident if they complained it would be listened to. The complaints procedure was posted in the reception area of the home. It did not provide information to people as to who to make a complaint to, when they would be acknowledged (timescales) or responded to. The registered manager acknowledged the shortfalls identified and said she would change the procedure. She also told us that each person was provided with a copy of the complaints procedure on admission and that this was explained to them periodically to aid their understanding. We looked at the record of complaints; five had been received in the past year. All were verbal and mainly related to laundry and other missing items. This showed that people were confident to raise their concerns and we saw some action had been taken to resolve people's complaints.

Requires improvement

Is the service well-led?

Our findings

Our previous inspection in September 2013 showed a breach of regulations in relation to the safety of the premises and equipment. Although the provider had made the required improvements since our last inspection, we found that the overall safety of the premises and equipment was not always addressed in a timely way. We saw the contract for the lift maintenance had expired in November 2014. The lift safety certificate was dated August 2015. This showed that there had been a lengthy delay in ensuring the safety of the lift. This could put people's safety at risk. We looked at other safety checks and found the provider could not confirm that the electrical wiring within the home had been tested for safety within the required timescales. We asked them for documentary evidence that this test had been carried out. After our inspection the provider sent us documents to confirm that the electricity supply had been tested.

The provider's representative [Nominated Individual] visited the home regularly. Documentation showed that shortfalls had been communicated to them in relation to safety checks; specifically the lack of maintenance for the shaft lift. There was a lack of formal processes to demonstrate the provider took preventative or corrective action in relation to maintenance of the lift within the required timescales. This was evident in their own records and corrective actions had not been taken.

We saw documentary evidence to show the registered manager carried out checks on the quality of the service. Audits had been undertaken regarding medicine management systems so that people had their medicine safely and as it had been prescribed. We saw that people's care plans had been reviewed to ensure that they reflected a person centred approach to their care needs. The displayed complaints procedure required additional information.

People, visitors and staff were complimentary about the way in which the home was run. A person told us, "It is a very good home; they look after you well". A relative told us, "The care is very good, well organised, plenty of staff".

We saw the registered manager spent time talking to people and that people knew who she was. She also demonstrated she knew people well and was able to enquire about their specific needs.

Staff told us they felt well supported by the registered manager. One member of staff said, "She is very good, can always approach her and she has loads of advice to share". Another staff member said, "She sets the standards and makes sure people get good care. We discuss our performance and training and we get support".

Staff were familiar with the provider's whistleblowing policy and how to raise any concerns to external organisations if people's care or safety was compromised. The registered manager notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

The registered manager was supported by a deputy manager and a team of senior staff and roles and responsibilities were clear. We saw that the management team had a clear structure and tasks were delegated.

The registered manager monitored the quality of the service by regularly speaking to people and visitors. We saw that group and individual sessions had taken place with people in order to obtain their views on the service. Minutes of meetings that we looked at highlighted that people were asked about outings, activities and menus. We saw the cook asked people after their meal if it was to their satisfaction and the activity coordinators obtained people's feedback. People and relatives told us that they were asked about their care via feedback forms. The overall feedback was positive and confirmed that people and relatives were happy with the service provided.

The registered manager had a system in place to monitor accident, incidents and safeguarding incidents. We saw that information in relation to these had been communicated effectively to staff via staff meetings. She had had taken effective and timely action in response to a safeguarding incident to reduce the risk of reoccurrence and improve the quality of the service.

People, their relatives and staff told us they had no complaints about how the home was managed. The registered manager had kept herself updated with information on new standards. She had gained information about the Care Certificate which they had implemented to enhance their induction system. However we found that training and knowledge of the MCA and DoLS was needed in order to improve the delivery of care