Care Quality Commission

Prestige International EC Limited

Ridgewell House

Inspection report

95 Dulwich Road
Holland on Sea
Essex
CO15 5LZ
Tel: 01255 815633
Website: www.ridgewellhouse.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 28 November 2015 and was unannounced.

Ridgewell House provides accommodation and personal care for up to 16 older people who may also be living with dementia. The service does not provide nursing care. At the time of our inspection there were 15 people using the service.

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

People were safe because the manager and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

Staff, who had been recruited safely, had the skills and knowledge to provide care and support that met people's needs in ways that they preferred.

Summary of findings

The provider had systems in place to manage medicines and staff supported people to take their prescribed medicines safely.

Staff had the skills and knowledge to provide effective care. People's health and social needs were managed effectively with input from relevant health care professionals. People had sufficient food and drink that met their individual nutritional needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice.

People were treated with kindness and respect by staff who knew them well and their care was delivered in a dignified manner.

Staff respected people's choices and took their preferences into account when providing care and support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the manager supported and encouraged staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

Good

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?
The service was effective.

Good

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?
The service was caring.

Good

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

People were encouraged to be fully involved in decisions about their care.

Is the service responsive?
The service was responsive.

Good

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service was run by a capable and enthusiastic manager who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Ridgewell House

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 28 November 2015 and was unannounced. The inspection team consisted of two inspectors.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with five people who lived at the service and four relatives. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met. We observed how staff interacted with people. We spoke with the manager and four members of the care team including one senior care staff, a member of the catering staff. We also spoke with a visiting health professional.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

One person told us that they were satisfied with the service and felt safe. They said, "It is all right, no problems, my room is lovely, I use the stair lift to get downstairs."

Staff understood their responsibilities to keep people safe and protect them from harm. They were able to demonstrate how to report concerns should they see or hear anything which made them uneasy or uncomfortable. Staff told us they were encouraged to raise concerns. They said that there was a whistleblowing policy in place and the manager had stressed to staff the importance of reporting any concerns or any suspicions of abuse or poor practice. Staff knew what to do, who to go to and how to document concerns. A member of staff told us they would have no hesitation in raising a concern and they were certain that appropriate action would be taken.

There was a range of risk assessments in place that were an integral part of the care plans. Where a risk was identified through the assessment process a risk assessment was put in place that described the risk and the measures needed to reduce the risk and the care plan was updated. When a change was identified in a person's care needs, the risk assessment and care plan was updated to reflect the change.

People had moving and handling risk assessments with clear details about the specific equipment required for the individual and the support necessary, including how many staff were required to support the person. We also noted from care records that people had falls risk assessments in place. Staff knew about people who were at risk of falls and were clear about how to support them to reduce the risk of harm.

Staff understood what to do to keep people safe in untoward situations such as a fire. People had personal evacuation plans in place to guide staff as to what support each individual required to move them to a place of safety in the event of an emergency.

A recently recruited member of staff described the recruitment process which included a face-to-face interview, taking up references and carrying out a Disclosure and Barring Service (DBS) check to ascertain that the applicant was not prohibited from working with people who needed care and support. A sample of three personnel records confirmed that there was a clear process in place for recruiting staff safely. Two appropriate references were sought before an applicant was offered the post and DBS checks were carried out before the member of staff commenced in their role.

When staff commenced work they went through an induction process and this was followed with a range of training, including safeguarding training, health and safety, manual handling and dementia. Established care staff explained that new staff shadowed experienced staff, they said, "We used to call it buddying." Newer members of staff told us that they could go to the manager or established members of staff for information and advice.

A relative told us, "There are enough staff." and another said, "I think there is quite a good ratio of staff." Staff also felt there were sufficient staff and told us they didn't feel rushed. One member of staff told us that sometimes it could be busy but said, "We all take our time and take care. People are given the attention they need. We don't rush people."

People were complimentary about how staff provided care and support. One person said, "Yes, they're very helpful. They're always ready to help, sometimes you have to wait, but not for long."

We observed that staffing levels were good. There were three care staff on duty and the manager who also provided some hands on support. In addition there was a new member of staff shadowing and an apprentice. This level of care staff was seen to meet people's needs and they did not have to wait for long for staff to come when they required support. Staff providing care and support also took time to explain clearly what they were doing and describe how the person preferred to be supported to colleagues who were shadowing. Staffing levels were reviewed on a monthly basis so that adjustments could be made to meet any changes in people's assessed needs.

The manager had systems in place for the safe receipt, storage and administration of medicines. People's medicines were stored securely. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. People's prescribed medicines were clearly recorded in their care plans and staff demonstrated an understanding of what they had been prescribed for.

Good

Is the service safe?

The manager carried out monthly quality monitoring audits on medicines procedures as well as weekly checks on 50 per cent of the medicines administration record (MAR) sheets, which were chosen at random. Other checks carried included observations of staff administering medicines. Any errors or areas for improvement that were identified would be addressed through the supervision process and, where necessary, staff would receive additional training.

Good

Is the service effective?

Our findings

Staff made positive comments about the training they received to carry out their roles. One member of the care team told us, "I think [the manager] has turned it round. There is so much training, which I don't always enjoy. I was honest with [the manager] but they encouraged me so I have refreshed all my training and manual handling is up to date."

New staff were completing the Care Certificate, which is a set of standards for health and social care staff to follow. These standards were developed by Skills for Care and Health Education England as the minimum standards that should be covered during induction training for new care staff. Established staff were being assessed and working on refresher training to ensure they were also up to date with expected standards. Care staff told us that they had a range of training including National Vocational Qualifications (NVQ) and dementia training. One recently recruited member of staff confirmed they had completed training that included infection control, medicines awareness, health and safety, moving and handling and safeguarding. In addition to the mandatory training staff also received training relevant to the specific needs of people living at the service. All staff had been booked on a face-to-face dementia course to enhance knowledge and update skills for best practice in dementia care.

One person who was employed as a member of the night care team told us that their induction included shadowing experienced staff during the day so that they could get to know people's needs and this would help them understand how to provide person centred support if the person was awake at night. They also said that they had a number of years' experience providing care and support but as part of their induction they were given refresher training which included manual handling, health and safety, fire safety and safeguarding. We observed new staff working on induction with experienced staff and discussing people's individual needs and preferences.

Members of staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet these needs. A member of staff said, "A lot of staff have been here for a long time and we know people's likes and dislikes." They knew what affected people's moods and how to support them appropriately.

Annual appraisals of staff performance had been completed and staff also received support through monthly one-to-one supervisions. Records confirmed there was a clear structure for supporting and supervising staff. Newly recruited members of the staff team received supervisions more frequently to provide additional opportunities to discuss learning and performance.

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. Staff understood the processes in place to assess people's capacity to make decisions. Staff had received training in MCA and DoLS and were able to demonstrate an understanding of people who had the capacity to make specific day-to-day decisions and the processes in place for people who did not have the capacity to make a certain decision to have a decision made in their best interests.

Assessments were carried out of people's needs around food and nutrition and care records confirmed that where there was an identified need for an individual, input was sought from health and nutrition specialists.

People told us their needs and preferences around nutrition were catered for. One person said, "I need a soft diet now because of [named a health condition] so the cook puts the dinner through a machine. Some things I can eat, it's trifle today and I can have digestive biscuits if I dip them in some tea. You can have whatever you like for breakfast. I choose porridge because it's softest and have some fruit with is, like pear without the skin." Another person said, "The doctor has prescribed milkshakes, which I like. They weigh you once a month."

The cook had a comprehensive knowledge of everyone's likes and dislikes, for example whether they liked to have gravy with their meal or which sauce they preferred. They

Good

Is the service effective?

also demonstrated a good understanding of appropriate portion sizes for people's needs. They explained that there was a four-weekly rotational menu and they went round each morning to ask people what they would like to eat.

People enjoyed the variety of food offered and said that it was enjoyable and well cooked. One person told us, "We have lamb and roast beef, sausages and sometimes fish and chips from the chip shop. Always nicely served and always offered a choice. I've put on weight since I've been here." And another person said, "The food is very good. There are at least three or four different things to choose. The cook is very good, especially the homemade sponge pudding." One person said they enjoyed, "Roast beef on a weekend and shepherd's pie on Tuesday."

Relatives also made complimentary remarks about the food. One relative told us, "The food is good. It makes me quite envious I don't live here. They have roasts twice a week." On the day of our inspection there was a choice of roast dinner or quiche.

People could choose where they had their meals. Although most people took their meals in the dining room one person chose to have lunch in their bedroom and this choice was respected by staff. During the lunch time meal we observed that the atmosphere in dining area was calm and relaxed. The tables were pleasantly dressed with napkins and glasses and people were being assisted by members of staff where required.

The manager and kitchen staff met regularly to discuss shopping requirements and food was ordered online and delivered twice weekly so they always had fresh food. The cook said they were happy with the quality of the food delivered and if people were unhappy with anything they would feed this back to the manager and make changes.

A relative said they felt there were enough drinks and people were encouraged to drink regularly to avoid dehydration. Throughout the day we observed that staff encouraged people to drink by offering a choice of juices, water or hot drinks.

A range of assessments were carried out of people's health needs, including their emotional and mental health needs. Relatives told us they trusted the staff to call up and keep them informed if any issue arose about their family member's health. They said that staff had previously had to call the doctor for their family member and they were informed promptly.

We saw that people's individual care records had a 'grab sheet' placed prominently at the front, which contained essential information about the person, their medical history and prescribed medicines. This sheet was used in the event that the person needed to be admitted to hospital so that accurate information accompanied the person.

A health professional told us they were confident that staff recognised when input was required from medical professionals and they complied with treatment plans. They said, "They follow advice and from experience I have never had any problem here. They use their initiative. For example yesterday they called the community nurse first to rule out any physical problems before referring to the dementia service."

Where health needs were identified staff followed established procedures to get the correct professional input. People saw health professionals according to their individual needs and contact sheets recorded visits from community matrons, district nurses and there were consultations with care of the elderly specialists and out-of-hours doctors. Where specialist treatment was required people were referred to specialist teams where relevant and they were supported to attend hospital appointments. A community health specialist told us that they visited regularly to assess a person's mental health needs and monitor medicines. They were carrying out observations of the person so that a referral to specialist services could be made.

Staff had a good awareness of managing skin integrity where people were at risk, for example because they were frail or were not able to mobilise independently. Appropriate assessments had been carried out and staff regularly monitored people who had been identified as being at risk. There was no-one who had pressure ulcers at the time of our inspection.

A member of staff told us they had been on a course to teach chair exercises and said, "It is brilliant." They explained that one of the ways to support people to maintain good health is to encourage them do exercises to keep supple.

The environment was suitable to meet the needs of people who lived at the service. There were sufficient communal areas where people could relax and socialise. We saw a pleasant small lounge that had been turned into a

Good

Is the service effective?

reminiscence area with memorabilia from the 1950s and there was background music from that era. One person told us what they liked about the background music. They said, “The music is on all the time, you would miss it if it wasn’t. I like it, it’s Andy Williams and I like Tom Jones.”

One person told us they had had their room decorated and said, “I like it” and explained that they could not walk very far and liked to spend time in the room. Some people had photographs on their doors of something that would help them remember and recognise their room. For example one person had a picture of a handbag on their door which was meaningful for that person.

The manager explained that there was an on-going programme of maintaining and adapting the environment to improve the premises. For example, on the day of our inspection a new call bell system was in the process of being installed. The system was being upgraded so that the call bells interlinked with the lighting system.

Good

Is the service caring?

Our findings

People told us that staff were polite and caring. One person said, "The staff are all right. They treat you well."

We saw examples of kindness and respectful interactions between people living at the service and staff providing support. When staff had conversations with people they were polite, listened with patience and gave people time to say what was on their mind. We saw that staff were thoughtful when speaking with people about things that interested them or that were important to them.

Staff understood how to support people when they were distressed. One member of the care team said they would seek support if they were unable to reassure the person. "There is always someone to talk to if I need help with anything. The manager is upstairs in the office sometimes but they come down regularly and you can get support at any time." Another member of the care team told us, "A lot of us have been here for a long time. We know people's likes, dislikes, moods and so on." They went on to give examples of how they were able to support certain individuals if they became anxious.

One person had received support from health professionals for needs around anxiety and staff were knowledgeable about their care and support needs. We observed that staff knew how to support the person and what they needed to do to reassure them. For example, they supported the person to telephone a relative which helped reduce their anxiety. This was done in a calm and caring manner which also helped comfort them.

Staff explained that one person would ask frequently throughout the morning what they were having for lunch. All staff made sure they knew what was on the menu so that they could tell them straight away to prevent them becoming anxious. During our inspection, when we were in the dining room, the person asked inspectors what was for lunch. We spoke with a member of staff who immediately went to the person and reminded them what they were having for lunch. Staff said that no matter how many times the person asked they would respond with patience and reassurance.

A health professional told us that they did not have any concerns. They said, "I've always felt you're welcomed and listened to. They respect people and anybody that comes to visit. I have to say it is one of the more pleasant homes."

Staff treated people with dignity and respect and their personal care and support was provided unobtrusively. We noted that continence products were stored discreetly in people's rooms so they were not on open display when there were visitors. Staff supported people to look their best and we observed that people presented as clean, tidy and well groomed. One person told us, "They do a good job with the laundry, not bad at all."

People told us they were able to keep in touch with family and friends. One person told us that their family lived some distance away and it was hard to keep in touch with siblings as they were getting older but staff were good and providing support to help keep in touch by telephone. We noted that people and their relatives were consulted about their care and were involved in making decisions. Relatives said they had input into decisions about their family member's care and staff listened to them.

Good

Is the service responsive?

Our findings

Where people were able they contributed to the assessment process. Relatives also said they had input and provided information to contribute to their family member's care plan. They were satisfied that their family member's individual needs were understood and that the service could meet those needs. Staff demonstrated a good understanding of people's needs and knew what was in their care plans. One person told us, "Oh yes, staff know us well."

There was detailed information in the care plans that set out people's needs and how they preferred to have those needs met. Care staff were able to tell us about people's individual preferences as well as what support staff were to provide. For example, one person's care plan for their personal care and hygiene requirements contained details about the type of deodorant and talcum powder they preferred. Staff were given directions about what the person could do for themselves and what input was required from staff, so that people were encouraged to maintain their skills and independence. Care plans were reviewed monthly or when needs changed so that they reflected people's current needs.

Care records had good personal background history of the person and recorded what was important for the individual, for example their wishes around end of life care and bereavement. There was information in people's care plans about how they communicated and what support was required from staff to meet their needs. Each person also had a social inclusion plan to identify how best to support the person to prevent social isolation.

People had organised outings approximately once a month, using local dial-a-ride transport and people were also supported to go out individually. Staff told us, "Since [the manager] has been here we have been doing more outings." The member of staff described going to garden centres and taking people to the shops, for example to buy chocolate. One person told us, "I like it here, anyhow it suits me. They take me out for a walk to the sea." One person told us that they went out, but couldn't recall the last trip. They said they had pampering sessions and we saw that their nails were manicured and varnished. Someone else said they enjoyed doing quizzes and they liked to knit. They were satisfied that they had enough to do.

Someone told us about past involvement with a church organisation and showed us photographs which they were sorting. They enjoyed talking about the past and told us, "My friends from the church visit." Staff were able to tell us about the person's history and demonstrated an understanding of what was important to them.

Relatives told us they could visit any time and were made welcome. They said their family member recently celebrated a birthday. They said, "We had a big birthday celebration here, a tea party with all the relatives." And they also told us that there were parties to celebrate Christmas as well as other times of the year such as a garden party in the summer.

People were confident that staff would listen to their concerns. One person told us, "You can talk to someone if you're not happy. Very easily. It's a nice place to be, they're very helpful." As well as being able to talk to staff or the manager, people had opportunities to discuss more general issues at group meetings. When a residents' meeting was planned a notice telling people about the meeting was posted on the wall inviting them to the next meeting. Relatives told us that they would be confident they could raise any issue if they needed to. They said, "We're very impressed. There are no problems."

We examined processes around concerns and complaints and found policies and procedures were followed. Any complaints or minor concerns were recorded, including the outcome of the concern and whether people were satisfied with any actions taken.

Good

Is the service well-led?

Our findings

People told us the manager was good and they could talk to her. Staff told us the manager was approachable and highly visible and were complimentary about the open culture of the service. They said that they could go to the manager when they needed support or if they needed to discuss anything. One member of staff said, "The manager is very good. Hands on and was helping with the breakfasts this morning." Another staff member said, "I've got to say [manager's name] is absolutely a lovely manager. She cares for the staff too, she appreciates us and she helps. She's hands on."

The manager carried out a survey to get feedback from staff, who were initially unsettled when the management of the service changed. Processes to support staff were improved including regular staff meetings, group meetings and individual support sessions so that staff had opportunities for to raise issues and discuss them.

Staff told us that morale was good and they worked together as a team. A recently recruited member of staff said, "Everyone has been so welcoming, it's really good." Another staff member said "I cannot praise the manager enough and I think the other care staff feel the same." A member of staff told us that things had changed since the new manager arrived, "We are all more relaxed and we don't feel guilty if we take our time. Not saying there was anything wrong before but the atmosphere is so much better. We feel motivated and valued. The manager will say 'Have you had a drink [staff name]? I'll make you a coffee'."

People said they could speak to staff or the manager if they had any worries. Staff also felt if they raised concerns they would be taken seriously. One member of staff said, "I could easily raise concerns with the manager. Very approachable." Relatives told us they felt their views were listened to. The manager sent out surveys annually to relatives and visitors to obtain their views on the service provided. In addition they held formal meetings for people so they could discuss issues such as food and outings. These meetings took place approximately every three months.

We saw that policies and procedures were kept under review and updated when necessary by the manager and staff were aware of the policies and procedures they had to follow.

The manager explained that the provider was very supportive and provided resources when improvements were needed, for example funding for decoration or equipment.

The registered manager and senior staff carried out a range of checks including health and safety audits such as fire systems and equipment. In recent months the manager had audited the systems for monitoring people's care records to check they had been reviewed and were completed appropriately. A full review was carried out of five care records every month. People's care records were well maintained and contained relevant, clear information. Care records were updated to reflect changes in people's needs. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.