Ridgeway House (Bristol) Limited

Ridgeway House

Inspection report

143 Highridge Green
Bristol
Avon
BS13 8AB

Tel: 01179645054

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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

Summary of findings

Overall summary

We undertook an unannounced inspection of Ridgeway House on 14 June 2016. The home was registered with the Commission in July 2014 and this was the home's first inspection.

Ridgeway House provides personal care and accommodation for up to seven people. People at the home had a learning disability. At the time of our inspection there were seven people living at the home.

A registered manager was in post at the time of 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 2008 and associated Regulations about how the home is run.

The home ensured people were safe by having thorough recruitment and induction procedures of new staff. Staff received regular training and supervision to ensure they were effective in their role. Medicines were managed and administered safely by staff who were trained and competent. Regular audits of the medicines system and administration ensured people were kept safe.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager kept clear records of the steps taken in the DoLS process. Staff were aware of how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement. When a person lacked the capacity to make a particular decision, it was not always recorded how this had been established. When a best interest decision was needed, this was fully documented with the involvement of family and health or social care professionals.

Staff were kind, caring and respectful with people. Staff interacted in a positive way with people. Staff knew people well and communicated in people's preferred way. Mealtimes were a social and inclusive experience which people enjoyed. People were supported to be independent and risks were managed.

Care was person centred and delivered in people's preferred way. The home engaged with people, staff, family and professionals to gain feedback. This information was analysed in depth to ensure responsive changes were made. People had a wide range of community and in house activities to engage with and people were also provided with social networks. Complaints were fully investigated and dealt with an open, effective and transparent way

Comments made from relatives and health professionals were positive and consistently good about the care and support provided by Ridgeway House and how the home was organised and managed. A range of systems were in place to enable the quality of the care and support to be monitored. Audits were comprehensive and followed through with actions to any areas identified. Regular meetings took place to

ensure care was proactive and developed. Staff were encouraged to share ideas and be involved in the running of the home. There was a positive, happy culture at the home and staff felt valued and supported.

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 home was safe.

Risk assessments were in place to help keep people safe whilst promoting independence.

Staff knew how to report and identify safeguarding concerns.

Safe recruitment procedures and checks were followed.

Medicines were administered and managed safely by trained and competent staff.

Is the service effective?

Good

The home was effective and met people's needs.

The requirements of the Deprivation of Liberty Safeguards were being met.

Staff understood the principles of the Mental Capacity Act 2005 and applied this in their role.

Staff received effective induction, training and supervision.

The home had good relationships with healthcare professionals and supported people to maintain good health.

Is the service caring?

Good

The home was caring.

We observed positive relationships with people living at the home. Staff spoke with people with kindness and respect.

Staff were knowledgeable about people's needs and personal preferences.

Staff supported people in a way that respected their privacy and dignity.

People's visitors were welcomed at the home.

Is the service responsive?

Good

The home was responsive.

People received responsive care and support. Care records were person centred.

Activities were provided in accordance with people's wishes and people were supported in their social networks.

The home acted on suggestions and feedback gathered.

The home had a complaints procedure in place and responded in an open and thorough way.

Is the service well-led?

Good

The home was well led and managed.

Staff, relatives and health professionals spoke highly of the registered manager.

There was a positive culture at the home. Staff felt valued and supported.

There were effective systems in place to monitor the quality of care provided to people and respond to any changes needed.

Ridgeway 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.

The inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had a learning disability and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with two people living at the home, the registered manager and four members of staff. After the inspection we spoke with three relatives and two health and social care professionals. We looked at four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Good

Is the service safe?

Our findings

People told us they felt safe and happy living at the home. One person said, "It is lovely here." Another person said they were, "Happy." We observed people being supported to move around the home and access the community safely. Relatives commented that their family members were safe and well cared for. One relative said, "[name of person] is very safe and well looked after." Another relative said, "The home is safe and always clean and tidy."

People at the home required different types and amounts of support. These were identified and catered for. Individual risk assessments identified potential risks to people and gave clear guidance to staff on how to support people safely. Assessments included risks such as falls, personal care, skin damage and behaviours which may be viewed as challenging. For example, we reviewed an assessment detailing how staff should support someone to remain safe when they were displaying behaviours which may put themselves or others at risk. Risk assessments promoted people's independence, whilst ensuring risks were kept to a minimum. Where a risk assessment identified a specific medical condition, an additional document containing an emergency procedure was in place. This guided staff to protocols to follow which had been prepared in conjunction with medical professionals.

The provider had policies and procedures in place for safeguarding vulnerable adults and whistle blowing. This contained guidance on what staff should do in response to any concerns identified. These were also displayed within the home. From the training records we reviewed we saw staff received regular training in safeguarding vulnerable adults. This was confirmed with the staff with spoke with. Staff told us safeguarding and whistle blowing was also discussed at team meetings and during supervisions to ensure staff knew how to put their knowledge into practice. Staff were knowledgeable about the different types of abuse and how to recognise potential signs of abuse. Staff said they would report any concerns to a senior member of staff. One staff member said, "I would report to a manager."

We reviewed records that showed the registered manager had a clear system of reporting safeguarding concerns. A checklist was in place to show what had been reported, the investigations made, the notification to the local safeguarding team, the Commission and relevant others. For example, family members or health and social care professionals. The actions the home had taken in response was recorded. For example, we saw that following a reported concern, an individual's risk assessment was reviewed and re-issued. A relative told us the registered manager had dealt with a safeguarding concern in regards to their relative, "In a very professional manner."

The provider had safe recruitment processes in place before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A checklist detailed all steps taken in the recruitment process, including when information had been requested and received. A section was in place to record if any further action or information was required. A letter confirming the start date of the new employee was sent after all the pre-

employment checks had been completed.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. There were a few occasions that staffing levels had fallen below the planned level due to staff sickness. The registered manager was currently recruiting for several vacancies. These positions were being covered by existing and agency staff. There was a system in place to identify and fill gaps in the rota. Staff we spoke with said it would be beneficial to people when these positions were filled.

Staff we spoke with showed they knew how to report and record any accidents, incidents or near misses. Records reported what had happened and the immediate action taken. For example, a record showed that staff had cleaned and dressed a scratch that a person had on their hand. Records showed the follow up action or investigations taken by managers to reduce reoccurrence. A full analysis was conducted annually to review any trends or patterns that emerged. This looked at the types of incident and accidents that had occurred. For example, trips, slips or behaviour that may be viewed as challenging. The impact and affect for individuals was also examined. Records showed the registered manager responded to this analysis by implementing changes which reduced the risk of incidents and accidents occurring. For example, a change in a person's behaviour had resulted in an increase in incidents. The home referred this to the Community Learning Disabilities Team (CLDT) and worked with health professionals to review their medicines which resulted in no further incidents. For another person, the home worked alongside health and social care professionals to make changes to the person's immediate living environment to make it safer. There was clear recording of when accidents and incidents had required reporting to the Commission or local safeguarding teams

We reviewed records which showed that appropriate checking and testing of equipment had been conducted. This ensured equipment was maintained and safe for the intended purpose. These included safety testing of electrical equipment, the lifts and mobility and transfer aids. When checks identified the need for further action this was recorded. For example, a check on a wheelchair noted, 'brakes working but grip plates worn.' It was recorded that the engineer had been call to deal with this fault. There were also certificates to show testing of fire safety equipment and gas servicing. Risk assessments of the environment were completed to ensure people and staff were safe when carrying out tasks and activities such as having a BBQ, using tools and lone working. Staff also received training in wheelchair safety and the minibus.

Staff had regular training in fire safety. This involved online learning about fire safety, testing of staff's knowledge of fire safety and evacuation procedures and group training on the home's fire action plan. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Practice fire drills took place to ensure staff were confident of the procedures to take. Risk assessments were in place to minimise the risk of a fire occurring. For example, reducing cooking fire risks and safe storage of chemicals and cleaning products.

A disaster plan was in place on an exit route, which gave procedures should the home experience emergencies such as a power failure or adverse weather conditions. Included in this document was a Personal Emergency Evacuation Plan (PEEP) for each person. This showed the individual equipment and support needed for each person at the home to remain safe during an emergency situation or evacuation.

Medicines were stored and administered safely. Medicines were checked and signed onto the Medication Administration Record (MAR) by a senior member of staff. Information was held on people with an up to date photo, any allergies highlighted and directions on how people preferred to take their medicines. For example, '[name of person] will hold out his hand for his medication. Pour the tablets from the medication

pot into his hand and he will take them one at a time.' Homely remedies held had been checked and approved by people's GP. There was clear guidance in place for when homely remedies or 'as needed' medicines may be required. The guidance explained how staff could recognise when these medicines may be appropriate to offer, for example by describing mood states and behaviours.

Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock number held. The temperatures of the medicines cupboard and fridge were taken daily to ensure medicines were being stored as directed. Staff were trained and assessed to ensure they had the knowledge and skills to administer medicines competently. Practical observations of staff were conducted to ensure they continued to administer medicines safely. The registered manager had implemented changes in the medicines auditing system to ensure any discrepancies were identified promptly. There was an open and transparent system of reporting errors. We observed how a minor discrepancy recorded had full details of action taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People received effective care and support at Ridgeway House. People told us they were happy at the home and it met their needs. One person told us how with the support and encouragement of staff they were developing their mobility. One person said, "I like it here." One relative said, "I am extremely satisfied with the home. It is the very best home I have ever been to." Another relative said, "[person's name] needs are well looked after." A health professional said, "They are an example of a good residential home. I am very confident in them."

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 so that they can 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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for six people living at the home had been made. The registered manager had alerts set on the computer system to notify when authorisations were due to expire. Conditions set out in DoLS authorisations were being met. For example, for one person monitoring records were being kept as directed about day care provision. The registered manager had notified the Commission as required when applications had been authorised and recorded this.

When a best interest decision was needed, records showed who had been involved in making the decision and why that decision had been reached. For example, we saw a best interest decision involving family members, health and social care professionals and staff from the home. Relatives and health professionals we spoke with confirmed they had been involved in the process. A health professional told us that staff always worked to ensure decisions made were in the best interest of people, "I have great confidence in the home. They always work in the best interest of the person." Records showed why outcomes that had been discussed as possible options had been agreed as unsuitable. However, we did find that on one occasion there was no documentation to support how it had been established that a person lacked the capacity to make a particular decision before a best interest decision meeting took place.

New staff completed an induction aligned with the Care Certificate. It involved mandatory training and familiarisation with the people, the home and policies. New staff shadowed a more experienced member of staff. This enabled new staff to learn how people preferred their care and support to be given. New staff we spoke with said the induction gave them the time, support and information to get to know people at the

home, so they could deliver effective care. New staff said they were well supported by more experienced staff and managers.

Staff said they had regular supervision and appraisals and this was confirmed in the records we reviewed. A senior staff member explained how staff received different types of supervisions which focused on different areas of their role. General supervisions looked at staff wellbeing, keyworking, the staff team, performance and management. Training needs supervisions focused on identifying future training needs. Supervisions were also held where staff were observed in their practice and reflective discussions were held. This highlighted any further development staff members may have required. One staff member said, "Supervision is useful. It is supportive and encouraging. People are told what they have done well." Another staff member said, "We have regular supervision. You can speak of any problems, you get constructive feedback and compliments."

Staff spoke positively about the training they received and said it equipped them with the skills and knowledge they needed to carry out their roles effectively. Staff received regular training in areas such as moving and handling, health and safety and first aid. Training was monitored and kept up to date to ensure knowledge and skills were current. Training specific to the needs of people living at the home was arranged so that staff could support people safely and effectively. For example in epilepsy and jejunostomy [feeding tube] care. When people's needs changed the registered manager responded by arranging appropriate training. For example, in dementia following a diagnosis for one person. In addition to this staff received training in communication, person centred care and equality to ensure care and support respected people's preferences and followed the homes philosophy of care. The provider facilitated access to further nationally recognised qualification for staff.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. Staff showed they knew people well and how they communicated decisions. One staff member said, "I support [name of person] to choose her own clothes. I open her wardrobe and she then chooses what she would like to wear." Another member of staff said, "I show what is for breakfast and she can give me signs of what she would like."

People had a health file which recorded how people were supported to remain healthy. Records showed appointments with health professionals such as the GP, dentist or the Community Learning Difficulties Team (CLDT). We received positive feedback from two health professionals who had worked with people living at the home for some time. One health professional said they were, "A really brilliant home." Another health professional said, "Staff know people well. Those in charge are very good." The registered manager told us if people had to stay in hospital a member of staff would always accompany and stay at all times to support and reassure them. Also, this would reduce people's anxiety and ensure any relevant information was communicated to hospital staff.

Daily notes were kept in relations to people's health and any observations or changes recorded. Staff were directed to read this information to ensure further support or monitoring was followed through. Records kept were specific to the needs of the person and to the risk identified. For example, one person required repositioning every hour. Records were accurate and detailed.

There were rotating menu's which people could contribute their suggestions and opinions towards. For example, one person had raised at a recent residents meeting that they would prefer chicken salad to beef stew as the weather was warmer. People commented positively about the food. One person said, "The food is good." Another person said, "The food is lovely." People who were identified as being at risk in terms of

nutrition and hydration had individually tailored records to monitor this. For example, one person had their fluid intake recorded and another had a coded system to record how much of their meal they had actually eaten. People's weights were monitored and any changes or concerns acted upon. For example, for one person who was significantly underweight a best interest meeting had been held with family and health professionals. People were offered regular drinks and snacks throughout the day.

Good

Is the service caring?

Our findings

People were supported by staff who were respectful, kind and caring. One person said, "The staff are nice." Relatives spoke passionately about the good care given by the staff team at Ridgeway House. One relative said, "They are very good. They are kind and caring." Another relative said, "The staff are caring. They are very fond of [name of person]. They are perceptive." A health professional said, "They are a delight. Caring, professional and trustworthy." Another health professional said Ridgeway House provided, "Good care."

People were not always able to tell us about their experiences. We observed people were happy and relaxed in staff's company. Staff were positive and chatty with people. Staff spent time listening to people and engaged in conversations. People spoke with staff about their plans for the day and what activities they were going to do. Some people spoke with staff about their plans that evening to go to a disco. We observed staff supported a person who was developing their mobility to walk to the dining room table. Staff were on hand to offer support if needed but gave encouragement. One staff member said, "Well done, you're doing really well." A staff member came and told a person their relative had phoned to see how they were. They spoke privately about the conversation so the person was informed.

We observed someone who was involved in doing a puzzle. A staff member gave them space to concentrate but engaged with them when appropriate. Giving positive feedback and encouragement. The staff member said, "You can do it." When they had finished they said, "Well done" and supported them to find another one to do.

We observed staff knocked on a person's door and waited for a response before entering. People's privacy was respected. We observed people chose where they wished to spend time, for example in their room or a communal area. People's personal space was respected when they were involved in an activity such as writing or watching the television. However, staff were perceptive as to when people wished to be engaged in communication in their preferred way and when people were happy to be by themselves.

Staff described how they maintained people's dignity during personal care and other aspects of their role. Staff explained how it was important to talk people through what was going to happen and keep them informed, rather than doing tasks to people. One member of staff said, "I talk people through the process. I don't take over and I don't rush people. I reassure people." This was supported in the care records. For example, 'Staff must inform [name of person] what they are doing and why.'

Staff were knowledgeable about maintaining confidentiality within their role and had received training in this area. One member of staff described this as, "What I know and learn about people stays within this building, unless I have to share something with a third party, for example a GP"

The home had received five compliments since November 2015. One compliment said, "The care provided by Ridgeway House is second to none." Another card read, "Just a note to say a big thank-you for all the care you give her. Thank-you for your kindness and care." A health professional had left a compliment saying, "As a health professional I feel my advice is listened to and acted on by staff. I find all staff including

management very approachable."

Family and friends could visit whenever they wished. Staff said there were no restrictions on when people could visit. One relative said, "We are welcome to visit whenever we like. We are always made to feel very welcome."

We observed several meal times at Ridgeway House and saw that staff ate alongside people to create a supportive and inclusive experience. Independence was promoted by the use of chosen cutlery and crockery. Staff gave people the support they required. For example, we saw a staff member ask if a person would like help cutting up their food, to which they replied they would. People were offered choice, for example one member of staff said, "Would you like mayo or salad cream on your potato." When the person replied they would, staff checked where they would like this put on their plate or over their food. People ate at their own pace and were not rushed. People were encouraged to eat. Mealtimes were a sociable experience with people communicating together. One member of staff said, "We all eat together like a family. It encourages residents and gives people independence."

Good

Is the service responsive?

Our findings

People told us that Ridgeway House met their needs. One person said, "I like doing things here."
Some people were not able to tell us about their care and support. We observed that staff were responsive to people's needs. Care was person centred and people spent their time involved in activities of their choice. Relatives spoke positively about how individual needs were met. One relative said, "They are very responsive to her needs. They adapt as her needs come along." Another relative said, "They understand her needs well and understand what she is communicating."

Before people came to Ridgeway House an assessment was conducted to ensure people's needs could be met at the home. Care records contained a photograph of people and essential information. We did note that there was limited information recorded about people's life history and background. Whilst staff we spoke with were very knowledgeable about people, this information can be beneficial to new staff as it gives an understanding and overview of important things to people. Care records described people's usual daily routine for example how people decide what to wear or when people like to wash.

Care plans described people's personal preferences and interests. For example, one care plan said that a person did not like insects. It described how they may react if an insect was near them and gave staff direction on how to reassure and support the person. Another care plan showed the types of films which a person enjoyed watching. People who could not express their opinion as to whether they had a preference over a male or female carer for certain aspects of their care were observed to see if they displayed a preference. This was recorded in people's care plans. For example, 'appears equally comfortable with male and female carers.'

People's preferred method of communication was recorded. This explained how people expressed themselves, verbally or through signs and facial expressions. We observed staff being responsive to people when they were unable to verbally communicate what they wanted. For example, one person was reaching for something. A member of staff looked and saw the person wanted a pen which was on the window sill. The staff member got the pen and asked the person if they would like their diary. They indicated they would and the member of staff went to get it. The staff explained that the person enjoyed stationary and we saw that this was detailed in their care plan. In response to this, the person had an 'office morning' included in their timetable as they enjoyed spending time with the managers in the office.

Staff said the home was person centred. One member of staff said, "The care is all about the residents. Things that they want to do, when they want to do it." We observed staff gave care and support in the way that people had expressed within their care plan. Staff used different methods to ensure support was responsive and effective. For example, one person's care plan described how they were encouraged to drink as they were at risk in terms of their hydration. The care plan said how a different member of staff offering drinks can support the person to accept it. We saw this happening throughout the day.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. Keyworkers produced a monthly summary detailing

health appointments, involvement in activities, changes in medicines, significant dates and forthcoming events. Regular reviews of people's care was arranged and recorded. Relatives said they were invited to attend these. One relative said, "I attend her reviews."

The home had developed the environment in response to people's needs. In the garden there was a shaded area where people could sit and eat or participate in activities. An accessible path had been made to make the garden area easier and safer for people to use. A building within the garden had been made into a sensory room. A senior staff member told us how three of the people at the home liked using the room to relax in. In the garden there was a 'quiet area' with seating and a pond. Staff told us how people liked to sit there and watch the wildlife.

Within the home a passenger lift and wet rooms had been installed in response to a person's changing needs. People's rooms were personalised and decorated how they wished. One person said, "I like my room. I have my things." One person showed us their room and the items they chose to have. Relatives commented how the environment reflected the family ethos of the home. One relative said, "It is homely, not sterile." Another relative said, "It is a family environment. Not clinical at all."

People had a pictorial timetable displayed in their room, showing what activities they were engaged with during the week. We saw that people went to dance therapy, exercise classes, social clubs, day centres and creative classes. There was also a timetable showing what was offered within the home that people could participate in for example, cookery club, bingo, helping with domestic tasks and watching a film. One person told us how they got to know people at the home through an activity group that people attended and this was how they chose that they wished to live at the home. They explained that they had been feeling quite isolated and staff and their friends at the home came to visit several times before they moved in. Relatives spoke positively about the activities on offer both within the community and the home. One relative said, "Yes, there are lots of activities." Another relative said, "There is enough activities."

We saw that regular residents meetings were held. People discussed what they thought and would like around areas such as activities, mealtimes and the house and gardens. Meeting minutes showed clear actions from suggestions made and by whom and when these would be completed. For example, the menu was adapted, a karaoke machine was purchased and a gardening day was arranged for two people following ideas raised in the meeting. In addition to these meetings informal coffee mornings were arranged within the home so people could talk with staff about any issue or concerns they had.

People had completed a survey in November 2015 in order to gain their feedback. The survey was in accessible format of easy read and pictures. Overall the feedback was positive. Not everyone was able to complete the survey without support.

Family, staff and professionals had been invited to complete a feedback survey in November 2015. The survey was based around the five domains that the Commission inspects upon; safe, effective, caring, responsive and well-led. Questions were built around these themes. There were positive comments made. One health professional had said, "Ridgeway House is an excellent residential home where service users are supported to a very high standard." The results of the survey were fully analysed and a document clearly displayed the findings. 100% of people completing the survey would recommend the home, felt staff were caring, thought the service was well-led and thought people were safe and happy. Where results showed that improvement was needed the registered manager took prompt and effective action. For example, 87.5% of people completing the survey said they were not always asked to complete the visitors book when visiting the home. In response the visitors book was moved to a more prominent location and a sign was displayed to clearly remind people to sign the book when entering the home.

The home had received one complaint in the last 12 months. We saw that a document thoroughly recorded how the complaint had been investigated and what appropriate action had been taken to deal with the complaint effectively. A letter showed how the complainant was fully informed of the action the home took and recorded that they were satisfied with the steps taken. The complaints policy was displayed within the home and all the relatives we spoke with said they knew how to raise a complaint if needed.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke very positively about the registered manager at Ridgeway House. We were told the home was well managed and organised. A health professional said, "The leadership is very good." A relative said, "The home is well run and very organised."

There were many positive comments made about the registered manager. Staff described the registered manager as, "Approachable," "Supportive," and "Brilliant." Staff said the registered manager was fully involved with people and how the home was run. One relative commented that the registered manager, "Takes control of things and is very caring." Another relative said, "Very good, very approachable and very professional." A health professional said, "The manager is very professional and the paperwork is spot on."

The registered manager said they were well supported by the provider. The provider visited the home regularly and was in daily communication with the registered manager. The registered manager said the provider was fully engaged with people, staff and the day to day operations of the home. This was confirmed by staff and relatives that we spoke with. The registered manager said the provider was supportive of any changes that needed to be made which would positively impact on people. For example, the purchasing of equipment or adaptation of the home.

The registered manager was supported by a senior staff member, who was fully involved in the running of the home and had responsibility for many day to day management tasks. The registered manager told us that they worked well together as a successful team, along with the provider. Relatives, staff and health professionals confirmed this and said that they were a good, effective team. A relative said, "They work together and are very approachable." Another relative said, "Out of 10, I would give the home 100. My daughter is extremely happy."

Staff commented whilst the management was stable and the home well organised that the registered manager did not become complacent in their role. One staff member said, "They always come up with new things to try. Different ways to do things better." Another member of staff said, "It is proactive place." For example, a team building day had been organised to deliver training in an innovative way and to celebrate and recognise the contribution staff made to home.

A newsletter was produced by a person living at the home for people and family. They had suggested this idea and the registered manager facilitated its distribution, with people's consent. It gave information and photos, celebrating people's achievements. Details of any staff changes was given along with how people could make a comment, concern or complaint about the home. The newsletter was also used to share the results of surveys conducted.

The registered manager included people in the recruitment of staff. One person had been involved in interviews of applicants to the home. The registered manager told us how they asked questions to potential new staff and gave feedback to the interview team.

The registered manager organised regular team meetings. Staff said ideas were welcomed at the meeting and also staff could approach the registered manager at any time with suggestions. There was a suggestion box by the entrance to the home where anyone could raise ideas, anonymously if wished. One staff member said, "We can contribute ideas and suggestions at the team meetings." We reviewed the minutes of a recent team meeting and saw people's care and support, the organisation and management and health and safety issues were discussed. Clear actions were recorded on areas which needed taking forward. For example, after a change in a person's medicines it was recorded that a staff member would phone the GP to discuss.

Information was communicated effectively to staff. They were different systems used to communicate information staff needed. For example, the diary and staff communication book relayed messages and appointments. We saw information about staff training and a music therapy appointment. Handover information was given both verbally and in writing. This summarised people's activities and important information of that day and planned the forthcoming shift. We saw in the home that reminders and prompts for staff were recorded in relevant places to ensure smooth running of the home. For example, on the menu there was a section giving instructions for the staff that day on food to defrost for the next day or a dessert they needed to prepare.

The registered manager had developed positive links with community organisations and professionals involved with people at the home. Two health professionals we spoke with commented in their confidence in the home and management. One professional said, "They follow things through. They always re-refer if needed. Suggestions are followed on and they ensure protocols are followed."

Staff described Ridgeway House as a positive and enjoyable place to work. There was a strong staff team in place, with many having worked at the home over ten years. Staff said that the atmosphere of the home was caring, homely and family like. One member of staff said, "It is a lovely and chatty." We observed staff being bubbly, communicative and happy with people throughout the day creating a positive environment. One staff member said, "It is a nice place to be, it is a good home." Another staff member said, "It is like a family, we are all part of a team together."

The registered manager ensured the positive culture of the home was retained. New staff were supported to adopt the values of the home. One health professional commented, "They are very good with new staff, helping them get to know people well and work in the way people like." The registered manager acted promptly on any information which affected the motivation or ethos of the staff team. This was addressed in appropriate forum, for example staff supervision or a team meeting.

Relatives said the registered manager and staff kept them well informed. One relative said, "Yes I am notified of anything. The registered manager will phone or text." Another relative said, "They always let me know. For example, if she has been to an appointment then I am notified."

The registered manager kept up to date with developments and changes in health and social care by being a member of a regional organisation. This gave occasions to attend networks and conferences to obtain support and information. In January 2016 the registered manager had attended a conference looking at effective partnership working. The registered manager had achieved nationally recognised qualifications in care and also attended relevant management training.

The registered manager and senior staff member had systems in place to regularly monitor the quality of the service on a weekly, monthly and annual basis. This included audits of health and safety, care records and medicines. The audits were effective in identifying areas which needed further attention or improvement. A senior staff member ensured actions that were taken to make the necessary improvements were effectively

communicated to staff and followed through. For example, when a stock check of personal protective equipment had not been signed by staff, we saw this was discussed and recorded in a team meeting as to why it was important.

The registered manager conducted weekly checks to ensure the smooth running of the home. For example checking the rota was filled, the diary was up to date and documentation completed fully. Regular observations of care and support were conducted to ensure staff practice met the required standard.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the PIR within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.