The Governors of Ridgegate Home

Ridgegate Home

Inspection report

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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

Ridgegate Home (Ridgegate) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Ridgegate accommodates up to 25 people in one building. The building is an old converted house set over five floors.

At the time of our unannounced inspection on 5 November 2018 there were 18 older people living at the home.

There was a registered manager in place. 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. The registered manager assisted us with our inspection.

We last inspected Ridgegate in October 2017 when we rated the service as Requires Improvement. This was because we found shortfalls in medicines management practices, following legal requirements in relation to consent and the governance of the service. Following that inspection, the registered manager sent us an action plan telling us how when they planned to meet the regulations. We checked at this inspection whether or not they had followed their action plan and we found they had.

People were cared for by staff who had undergone induction and training for their role and had continued support from their line managers. However, we have made a recommendation to the registered provider to ensure all staff have a thorough induction period.

The service had gone through a period where maintaining consistent staffing levels had been a challenge, however recruitment had taken place and things were gradually settling down. Staff told us the culture within the staff team was good and the registered manager led the service well. Staff had undergone robust recruitment processes to help ensure they were suitable to work in the service. Staff also recognised their responsibility in safeguarding in order to keep people safe from abuse.

People lived in an environment that was adapted for their needs and free from infection due to the good processes staff followed. People were enabled to make decisions about their care, remain independent and participate in activities if they wished. People's risks had been identified and staff followed good practices to help ensure risks to people were reduced and as such accidents and incidents occurred less.

People's needs were assessed before they moved into the home. These pre-assessments formed the basis of their care plan which contained sufficient information to enable staff to provide effective and responsive care. Although we have recommended the registered provider ensures that care plans are person-centred. People received the medicines they required and were supported to access healthcare professionals when

needed.

People were given a choice of foods and specific dietary needs were recognised. Staff demonstrated a kind, caring and attentive approach towards people. People were supported to maintain relationships that meant something to them as we saw visitors and relatives visiting during the day. Where people had end of life wishes these were recorded.

People's consent was sought before care was carried out by following the requirements of the Mental Capacity Act 2005. Complaints were listened to and responded to appropriately. Staff had the opportunity to provide feedback to make improvements. The registered manager worked with external agencies to help ensure continued improvement within the service for the benefit of people.

On-going auditing undertaken to help ensure a good quality of care was provided. The registered manager submitted notifications in line with requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People's medicines were managed safely.

Risks to people were responded to and staff knew how to recognise abuse and act upon it.

People were cared for by enough staff who had been appointed through robust recruitment processes.

People lived in an environment that was clean.

Accidents and incidents were recorded and notified to CQC.

Is the service effective?

Good

The service was effective.

People's needs were assessed before moving in to Ridgegate and the environment was adapted for people's individual needs.

Staff were provided with the training and support needed to carry out their roles. Although we have made a recommendation to the registered provider about ensuring staff receive a proper induction.

People were provided with sufficient food and drink as well as support to access health care professionals when needed.

Staff followed the principals of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were cared for by staff who demonstrated a kind and caring approach to them, one that showed people respect and dignity.

People were encouraged to be independent and make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to by staff, but we have recommended the registered provider ensures care plans are person-centred.

People had access to day time activities.

There was a complaints procedure in place.

People's end of life wishes were recorded.

Is the service well-led?

Good

The service was well-led.

People benefitted from a well led service. Staff felt supported and had the opportunity to contribute to the running of the home.

People could give their feedback which was listened to.

Good governance processes were in place and the registered manager worked with external agencies to help continue to improve the service.

The registered manager submitted notifications in line with their registration requirements.

Ridgegate 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 checked 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 took place on 5 November 2018 and was unannounced. This was a comprehensive inspection carried out by 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.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We reviewed the outcome of a recent local authority quality assurance visit.

During the inspection we spoke with nine people who lived at the home and two relatives. We also spoke with seven members of staff plus the registered manager and one health care professional. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at four people's care records, including their assessments, care plans and risk assessments. We checked training records, three staff recruitment files and how medicines were managed. We also looked at quality monitoring checks and the results of the provider's latest satisfaction surveys.

Good

Is the service safe?

Our findings

People were looked after in a safe way at Ridgegate and they told us they felt safe. One person told us, "(I feel safe) because they (staff) are here." Another said, "I feel safe as there's always someone around."

People told us staff came quickly when they needed them. One person said, "I ring the bell and they will come." Another person told us, "We have the bells and I can always grab a staff member." A third person told us, "There's enough staff." The service had gone through a period of instability due to some key staff leaving. This had resulted in agency staff being brought in and staff deployment and levels at times being compromised. One person told us, "Staffing is an issue. They (management) try to get four staff on." We asked this person what the impact was to them and they told us, "In all fairness not a lot." A health care professional told us, "There are always staff around, or I can find someone." The registered manager told us that they had successfully recruited two new members of staff and as such felt things would start to settle. This was reiterated by care staff we spoke with. Everyone we spoke with told us they did not have to wait for staff attention, however we did notice at times during the day there was a lack of staff in the lounge area. Both people and staff recognised this. One person told us, "The carers here work very hard but they don't chat as much as they used to." A staff member said, "We can't be with them (people) a lot of the time. People miss that. They miss the interaction."

We did not have any concerns about staffing levels at our last inspection and recognised that the team had worked hard to resolve this current issue therefore we were assured that this was a temporary situation.

People were looked after by staff who had undergone a robust recruitment process. Staff files contained evidence of work history, references, right to work in the UK and, in the case of clinical staff, their registration with their professional body. Each appointed staff member had undergone a Disclosure & Barring Services check which helped ensure they were suitable to work in this type of care service.

At our inspection in October 2017 we found a lack of good medicine management processes. At this inspection, we had no such concerns.

People received the medicines prescribed to them. One person told us, "They check on the medication." Another said, "As far as I know they give the medicines rights." People's medicine administration records (MARs) were completed in line with best practice and there were no gaps which showed that people had received their medicines. Medicines were stored appropriately and temperatures were checked to ensure medicines were kept at their optimum temperature. Quantity and stock audits were undertaken so staff were aware of any unaccounted medicines. We read in the report from a recent local authority quality assurance visit, 'the home had engaged with the Clinical Commissioning pharmacist and have made lots of improvements to the way they are ordering and administering their medication. There were no identified gaps on the MAR charts'.

At Ridgegate people benefitted from a home that was clean and well maintained. We observed domestic staff cleaning throughout the day. The sluice room (where dirty items were washed) was clean and tidy,

there were hand washing facilities, supplies of hand soap and gloves were seen. People's rooms were tidy and well organised and staff were seen using personal protective equipment such as gloves and aprons. A staff member told us, "Infection control is important to make sure we don't infect other people. We made sure we use personal protective equipment."

People were protected from abuse because staff understood that they should report any concerns they had. One staff member said, "I would go straight to the manager and raise my concerns and then if nothing was done I would approach the local authority." There were safeguarding procedures in place and we were aware that the registered manager worked closely with the local authority safeguarding team when any suspected cases of abuse were raised.

Risks to people had been identified, reviewed and guidance put in place for staff to help ensure the risk was minimised. One person told us, "There's a call bell in the bathroom and one attached to the bed. Once a week I have a bath, they (staff) stay with me till the end." Another person told us, "I feel very safe here." A staff member told us, "One person is partially blind. We give her a pendant as she gets up on her own." We observed this person had a sensor mat on their mattress to alert staff when they got up and they wore an alarm pendant. Other people had risk assessments in place for their mobility and as a result zimmer frames had been provided for them.

When people had accidents or incidents these were responded to in a way that helped ensure reoccurrence was reduced. One person was recorded as having a fall and following this more regular checks on them were undertaken by staff. Another person lost their balance picking something up. Staff reminded them to use their call bell and ask staff to do this. One person said, "I fell and the staff came to help me." Staff were aware of the fire procedure in the event that people needed to be evacuated. A staff member told us, "We come to the fire box to see where the fire is and the seniors will advise us. If we evacuate we gather at the other side of the car park."

Good

Is the service effective?

Our findings

People were cared for by staff who told us they received sufficient training to support them in their role however, we found during our inspection that one staff member who should have been shadowing staff had been working on their own. They told us, "The plan was that I was to shadow. There are times that I am working independently. I've done no training." A senior staff member told us, "Normally staff will come in and shadow – no less than a week depending on experience. I wasn't aware that [staff name] was doing that." Although this staff member should have undergone thorough induction and training we found the impact of this situation low as the staff member concerned worked in the home already in another role and as such knew people.

Other staff told us they had gone through the proper induction route. One said, "I shadowed for two weeks. It was a very thorough induction. I was able to ask anyone for help." They added that training was, "Done on line. I have done all of my care certificates." A second staff member told us, "I had an induction and spent the first three weeks doing training." We read that training covered food hygiene, moving and handling, safeguarding and fire safety. We also noted that staff had recently attended a course on sepsis.

Staff had the opportunity to discuss their role, training needs, concerns and any other topics they wished to discuss with their line manager as supervisions took place. We read that some supervisions were behind as they were supposed to take place six times a year for staff. However, we noted this was mostly from August 2018 when the service started to experience staffing level issues.

We recommend the registered provider ensures staff undergo robust induction and training before working independently and staff always have the opportunity to meet on a one to one basis with their line manager.

At our inspection in October 2017 we made a recommendation to the registered provider as the staff were not following the principals of the Mental Capacity Act 2005. We found at this inspection this had been addressed.

People's rights were protected as staff followed the principals of the Mental Capacity Act 2005. The 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make specific decisions, we read that capacity assessments had been undertaken. There was no locked door within the home and most people had the mental capacity to decide to live there. This meant that best interests decisions were not needed and as such few DoLS applications were made. One person had a sensor mat on their bed and we read this had been discussed with them and

a mental capacity assessment had been undertaken. A staff member told us, "If they can make a decision for themselves, they don't have to be assessed for their capacity."

People lived in an environment that was adapted for their needs, within the limitations of the design and age of the building. Although the home was an old converted house set on various levels, we observed hand rails, adapted baths, raised toilet seats and adaptations on lounge chairs to raise them to a level where it was easier for people to get in and out of them. People were seen with mobility aids, such as walking frames and those at risk of falls were provided with personal alarms. There was a lift to allow people to access different floors quickly and safely. We saw people using this independently.

People's comments about the food was good. One person said, "The food is good I suppose. You have a choice every day. They do give you an omelette at a moment's notice. They are very good at following up on what you like and what you don't like." Another person told us, "The food is really good. There is the main meal and always an alternative. There's plenty of it too – well, certainly for me." People also told us they had enough to drink and we noted people being offered water throughout the day. One person said, "I have a fresh jug of water every morning."
People's individual dietary requirements were recognised and respected by staff. One person was gluten free and another diabetic. Both people were provided with food in line with their wishes. We saw the kitchen was organised in a way that the gluten free items were kept separate from other foods. The kitchen manager told us, "I have a separate area for people's different requirements. We have a five-week rolling menu and we discuss at the residents meeting what people like and don't like."
Other people who were at risk of dysphagia (choking) were given soft or pureed food in line with guidance from health care professionals. Information in care plans was also followed to reduce this risk, for example, we saw staff supporting a person to eat. Where a person was not eating or drinking enough a staff member told us, "We'd mention to the senior to check if they are malnourished. I would also push for the dietician. We start food and fluid charts. We would look at the best route to take (to get them eating and drinking again)." We read that one person had lost weight and a food and fluid chart had been commenced.

People's needs were assessed before moving into the service. We saw detailed pre-admission assessments in place for people which reviewed all aspects of a person's care needs. These assessments formed the basis of a person's on-going care plan.

Staff worked together to deliver effective care. Although all staff we spoke with told us that it had been a difficult few months due to staffing levels, they said they pulled together and worked well as a team. One staff member told us, "Communication is good here. We have communication books with the kitchen, maintenance and domestic staff. Any doubts we write the information in the books. We have handover. We write information down on the diaries for people. You can have a scan of that to see if the person is okay." A second staff member said, "We work well together. We're a happy team and we make them (people) laugh a lot." We observed good team work on the day amongst the staff.

People were supported to access health care to help ensure they retained a good sense of well-being. One person told us, "The GP comes immediately if there are any problems." Another person said, "I'm very impressed, instead of waiting three weeks the GP will come here." We saw evidence of people having input from various health professionals. When one person expressed their concern about a sore on their leg to staff, they immediately asked a visiting health professional to take a look. A health care professional told us staff made appropriate referrals to them and acted on any guidance they left.

Good

Is the service caring?

Our findings

People told us staff showed kindness towards them. One person told us, "They gave me a wonderful 90th birthday. The hall had fireworks decorations. They really go to town." They added, "The staff here are really caring." Another told us, "They (staff) are very caring. All very kind." A third person said, "A very homely, friendly place. The carers very friendly, helpful and they take an interest." A health care professional told us, "I have no concerns. All staff are very nice and know people."

Staff were heard passing the time of day with people, chatting about one person's glasses to them and about visitors to another person. Where people were dozing, staff spoke quietly in a low tone to them to wake them gently. We heard a staff member say to one person, "[Name] would you mind coming into the other room. Would you like to walk or would you like a chair?" We observed the staff member accompanying the person into the other room. A family member said, "I'd recommend it to people. I feel that this is a family type of home with a family atmosphere, the staff are caring." A person said, "It's very good, the staff are very kind, they do consider you. They are here all the time." During the afternoon people were chatting with staff about various topics. The conversation turned to bonfire night and one person said, "Last firework night the firework display was magnificent." People were looking forward to the fireworks and food that was being organised for that evening.

People were seen being cared for by staff who showed a kind and attentive approach. One person was coughing. We observed a staff member attend to them saying, "There you go my darling, have a drink of water. Are you warm enough?" The person replied, "Oh yes, I am. Thank you." Another person got upset and the staff member said, "Oh, [name] don't cry. I don't like it when you cry. Shall I get you a tissue?" We saw the staff member do this and they gave the person physical comfort. People told us staff were helpful. One person said, "The staff are helpful, they'll bring tea. I cannot reach the curtains, they do that for me. They are very friendly and they do try to find five minutes to talk."

People could retain their independence. One person told us, "I'm able to get up when I want. I love my room. They have been wonderful giving me two wardrobes." Another person said, "I wash myself, but I need help to get into the bath." We noted at lunch time some people had adapted plates to enable them to eat independently. We observed people's rooms were individualised in that they had their own memorabilia, pictures and items from their previous home. One person had their own fridge and kettle in their room so they could make their own hot drinks. One person told us, "It's a lovely home. Homely and friendly."

People told us staff treated them with dignity. One person said, "They always treat me with dignity." Whilst we were chatting to one person in their room a staff member came to tell them it was lunch time. We noted they knocked on the person's door and waited for a response before entering. A relative told us, "Staff kneel down to her level. They explain what they are doing and they make sure she can reach her drink."

People could make their own decisions about their care. One person told us, "I plan my own care and I self-medicate." Staff were heard offering one person a bath. They declined and staff respected this person's decision. Later during the day, we observed a staff member accompanying a person to go to the bathroom

for a bath at the person's request.

Good

Is the service responsive?

Our findings

People's care plans covered all aspects of their care, however we did not always find staff were aware of people's health conditions. One person suffered with a medical condition. We asked three staff members about this but they were unaware of this condition. One staff member told us, "I might have to refer you to [senior staff member]. I don't know what her diagnosis is." Another staff member told us, "She has a diagnosis of dementia. I am not aware of any other diagnosis." This was despite this staff member telling us they read the care plans, and saying, "They are useful when you don't know people." Staff were also limited in their knowledge about this person's hobbies or interests but were fully aware of their mobility issues and the steps to take to support them with this. Staff could tell us about one person's interests but this was not recorded in their care plan.

However, other people's records contained detail about past medical concerns, mobility, communication, personal care needs, nutrition and continence. One person was recorded as requiring their glasses with them at all times and we noted they had them on all day. Another person suffered with low moods and it was recorded, 'I can cry – music will trigger this, but don't turn it off'. We noted when a musician played for people in the afternoon the person was crying whilst listening. There were care plans in place for one person who had been diagnosed with Alzheimer's and their heart condition which left them breathless. This person's daily routine was recorded in detail as we read, 'like to get up at 7am, can wash body with supervision and can brush her teeth'. A further person had reduced vision and their bathroom door had decorations around it so it was easily recognisable for them. Their records recorded, 'beverages in red beaker' and we saw this happen.

We did not doubt that people were being provided with good care, but given that a lot of agency staff were working at the service at present, it was important to ensure care records were up to date. The registered manager had told us at the start of our inspection, "I am not confident in the care plans. They are not as in-depth as they should be. We are going through them." We noted the review of the care plans had started.

We recommend the registered provider continues the work in relation to updating people's care plans to ensure they are person-centred and contemporaneous.

No one living at Ridgegate was currently receiving end of life care. We read some information about people's wishes were recorded in their care plans. This included one person who had noted they wished their family present.

People were given information on how to make a complaint. One person told us, "You can go into the office at any time to make a complaint." A second said, "If there's a complaint I can arrange to see the manager. The manager will come to our room to speak privately." A staff member said, "If someone made a complaint, I would listen to them and see if I can help them first. If it's not my area I would go and speak to a senior." Four complaints had been received by the service since January 2018. Two related to issues between staff. The other two which related to people living at the service had been resolved.

People had access to activities that suited them. The registered manager told us they had created a new 'welfare' post and this person had overall responsibility for activities. This included visiting people in their rooms and running a shop, which stocked items that people may require on a daily basis. One person told us, "There's usually a buzz – there are things going on." Another said, "A lady governor started an art class. I'm enjoying that. Monday, Wednesday and Thursday we have exercises; Friday bingo. There's a keyboard guy once a month; he plays music." A third person told us, "I have my television, I read the paper and books and I walk about." A relative said, "I visit for companionship, to chat and talk. Once a month with the pastor we do the Communion." The resident's welfare staff member told us, "I spend a lot of time with people talking to them about their interests and hobbies. I ask for feedback on activities and I've got new items in, like new music quiz packs and new bingo items. We have a Remembrance Day poem book which we've been reading from."

Good

Is the service well-led?

Our findings

At our inspection in October 2017 we found a lack of robust governance arrangements at the service. We found this had been addressed at this inspection.

There were governance processes within the service to help ensure people were receiving a good level of care that met their needs and was safe. For example, first aid boxes were checked and we noted the last audit had identified an item needed replacing. A pharmacy audit had recorded that night medicines had not been given for one night. We read action that had taken place following this error. October's internal medicines audit noted some gaps on people's medicines records. We did not find this to be case on our review of the MARs. Other audits included health and safety, care plans, sluice and laundry room checks, staff spot checks and infection control.

People gave us positive feedback about the registered manager. One person told us, "[Name] is very good. She keeps an eye on things. In an emergency she will turn up at the home at the weekends." Another person told us, "We can go to the office any time if we are upset about anything."

Staff and professionals were equally happy with the management within the home, telling us they felt supported. One staff member said, "I feel I can go to anyone in the office. We are like a family here. I'd say (the manager) leads the home well." They added, "I feel valued when I do the extra bit, they always say thank you." A second staff member said, "I like the fact that management want any type of feedback. I love it here and have all the support I need." A health care professional told us, "It has certainly improved recently."

People were given the opportunity to be involved in the service. A recent satisfaction survey had been circulated to people and to date seven responses had been received. Feedback showed that people felt the quality of care, friendliness of staff, cleanliness, range of activities and overall service received was 'good' or 'very good'. People had commented, 'nice and warm', 'very happy in the home' and 'the atmosphere is caring'.

Residents meetings took place. One person told us, "We had a residents meeting and we discussed menus." We read that one person had commented that they would like extra spice added to their meal and other people requested a different selection of cheeses, particularly soft cheeses. We spoke with the kitchen manager who told us they separated out a small portion of meal for one person and added more spice to it and soft cheeses were now purchased from the local supermarket. We also read other topics discussed included health and safety, activities, staffing levels and the laundry. A person said, "I go to the residents' meetings. We talk about key (staff) members and changes in care. I speak up."

Staff were able to meet to discuss all aspects of the service at staff meetings. A staff member told us, "We have a meeting and these are useful. It's gives us a chance to talk to each other. It's a safe space to talk about things." We noted a 'policy of the week' area at the service, where a policy was put out for staff to read. This week it was a choking policy and we saw that several staff had signed to say they read it.

The registered manager worked with other agencies to help provide a good service to people. We noted they were members of the Care Home forum, Surrey Care Association and Registered Manager's network. They also attended Clinical Commissioning Group meetings.

Service that are registered with CQC are required to submit notifications of significant events or safeguarding issues when they occur. We found that the registered manager was meeting their requirements of registration in that they had submitted notifications appropriately to us.