Ogwell Grange Limited

Ridgecourt Residential Care Home

Inspection report

27 Bridgetown Hill
Totnes
Devon
TQ9 5BH

Tel: 01803866152
Website: www.southdevoncareservices.com

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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

About the service: Ridgecourt Residential Care Home provides accommodation and personal care for up to 17 older people some of whom were living with dementia. People who live at the home access nursing care through the local community healthcare teams. At the time of the inspection 14 people were living at the home.

People's experience of using this service:
• People, relatives and healthcare professionals spoke very highly of the home. People said they felt safe and well cared for. People's preferences were respected and staff were sensitive and attentive to people's needs.
• Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.
• People, relatives, staff and healthcare professionals said the home was well managed. One relative described the home as "The best in the west country."
• There were sufficient numbers of staff employed to ensure people's needs were met. However, some people thought the staffing at night should be increased from the one waking and one sleeping-in member of staff currently on duty: the registered manager said they would review this with the provider.
• Recruitment practices were safe and staff received the training and support they required for their role.
• Risks associated with people's healthcare needs were assessed and managed well. However, the actions being taken to reduce risks were not always recorded in people's care records. Staff were aware of their responsibilities to safeguard people.
• People and their relatives were involved in making decisions about their care. Care plans still required some improvement to reflect level of knowledge held by the staff about people's needs and their preferences. The operations manager said the soon to be implemented electronic care planning system would address this.
• People received their medicines safely and as prescribed. Medicine management practices were safe.
• The home was spacious and well furnished. The environment was safe and equipment regularly serviced to ensure it remained in safe working order.
• Consideration was given to providing a variety of social activities for people to enjoy. However, some people said they would like to see more planned activities and the registered manager said they would review this.
• A new quality assurance system to assess, monitor and improve the quality and safety of the home was being developed and introduced.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: requires improvement (March 2018).

Why we inspected: This inspection was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per

our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Ridgecourt Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team:
One adult social care inspector and an expert by experience undertook this inspection on 25 February 2019. One adult social care inspector completed the inspection on 26 February 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of older people and those living with dementia.

Service and service type:
Ridgecourt Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality

Commission every time a significant incident has taken place. We also gathered information from the local authority's quality assurance improvement team as well as healthcare professionals involved in supporting people living at the home. Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and what improvements they plan to make. This information helps to support our inspections.

During the inspection we met all 14 people living at the home. In addition, we spoke with 10 relatives, a friend who was visiting one person, the registered manager, four care staff as well as catering and housekeeping staff. We also spoke with the provider, the provider's operational manager who supported all three of the provider's care homes, and a further three healthcare professionals. We reviewed the care records for three people with complex support needs as well as how the home managed people's medicines. We also looked at records relating to the management of the home, including three staff personnel files, staff training records, complaints records and quality assurance audits.

Good

Is the service safe?

Our findings

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

At the previous inspection in November 2017, this key question was rated 'Requires Improvement'. We identified improvements were required in risk management, staff recruitment and the management of medicines. At this inspection, we found the home had taken steps to improve the safety of people's care. The rating for this key question has improved to 'Good'.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment:
• People and relatives told us the home was managed in a way that protected their safety. People's comments included, "yes," and "absolutely" when asked if they felt safe, and a relative said "I can't praise them enough. I'm secure that Dad's been cared for."
• Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being.
• Recruitment practices were safe with suitable pre-employment checks carried out prior to the commencement of employment.
• People told us there were enough staff on duty during the day to meet their needs but some felt more staff should be available overnight. However we saw there were enough staff employed to meet people's needs. The registered manager used a dependency tool to assess people's staffing needs and said staffing levels were kept under review. The registered manager confirmed they would review people's views and discuss the night staffing arrangements with the provider. The home also employed housekeeping and catering staff.

Assessing risk, safety monitoring and management:
• People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition.
• Staff told us how they supported people in a way that reduced risks. Healthcare professionals said they felt the home managed people's health care and associated risks well. However, people's care plans did not always contain this level of information and reflect the home's good practice.
• Some environmental risks, such as those from hot radiator surfaces had been reduced. However, the temperature of the hot water to some bedrooms was not controlled and was over 44 degrees centigrade, the temperature recommended by the Health and Safety Executive. While no one had come to harm, this risk had not been individually assessed for each person concerned. The registered manager confirmed assessments would be undertaken and control measures put in place if necessary.

Using medicines safely;
• Medicines were managed safely and people received their medicines as prescribed.
• Only staff who had been trained in the safe management of medicines, and had been assessed by the registered manager as competent, administered medicines to people.

• There were safe arrangements in place to receive, store and dispose of medicines.
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Preventing and controlling infection:
• The home was very clean, tidy and free from unpleasant odours. One person said, "The lady who cleans the rooms is excellent." However, we did find one en-suite toilet area fitted with a carpet that was stained. The registered manager told us this was due to be replaced with a more suitable floor covering.
• Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
• The laundry area had been refurbished since the previous inspection in November 2017 and provided an easy to clean environment.
• The home had been inspected by the Food Standards Agency in September 2018 and awarded the highest rating of '5: very good'. Food was stored and prepared in a clean environment although some of the kitchen cupboards were in a poor state of repair. The registered manager told us the kitchen was soon to be replaced.

Learning lessons when things go wrong:
• Evidence was available to show when something had gone wrong the manager responded appropriately and used any incidents as a learning opportunity.
• The manager used people's and relatives' feedback, as well as reviews of accidents, to make improvements to the home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the previous inspection in November 2017, this key question was rated 'Requires Improvement'. We identified improvements were required with staff training and support. At this inspection, we found the home had taken steps to improve. The rating for this key question has improved to 'Good'.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People had been involved in the planning of their care; they told us their wishes were respected and their needs were well known and understood by the staff.
• Assessments identified people's care needs and staff knew how to meet their needs in line with best practice guidance and with people's preferences. However, we found care plans did not contain this level of detail.
• Regular care reviews with people, their relatives and healthcare professionals, such as the community nurses, ensured changes to people's needs were identified quickly.

Staff support: induction, training, skills and experience:
• Staff received the training and support required to do their job. Staff had also had the opportunity to discuss their training and development needs with the operations manager who had recently undertaken staff appraisals.
• New staff were provided with induction training, and supported through an external training agency to undertake the Care Certificate.
• People and relatives told us staff were knowledgeable and competent.

Supporting people to eat and drink enough to maintain a balanced diet:
• People had choice and access to sufficient food and drink throughout the day and night. Meals were well presented and people told us they enjoyed the food. Their comments included, "The food is excellent, all home cooked" and "They are very keen to fill you with fluids."
• Support was provided for people to be as independent as possible with eating and drinking. For example, one person ate from a bowl and used a spoon which meant they did not require assistance from staff and could eat at their own pace.
• People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Supporting people to live healthier lives, access healthcare services and support:
• People's healthcare needs were being met. One person told us they felt very well cared for, saying "When you're sick, [the registered manager] is mother herself."
• Records showed referrals were made to the GP and community nursing services when required. We

received very positive feedback from healthcare professionals both prior to and during the inspection. They described the care provided at the home as "very good" and "excellent". One said, "This is a home we don't worry about."
• People had opportunities to see a dentist or optician regularly or when needed.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

• People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf. However, the decision-making process had not always been recorded in a way that demonstrated who had been involved in the capacity assessment and subsequent best interest decision.
• Where restrictions had been placed on people's liberty to keep them safe, authorisation by the local authority had been applied for.

Adapting service, design, decoration to meet people's needs:
• The home was spacious and well maintained with access to the garden.
• Some seating in one lounge room was very low which made it more difficult for people to get out of the chair unaided. This potentially could increase people's risk of falls. The registered manager sought guidance at the time of the inspection and gave assurances the chairs would be replaced.
• Toilets and bathrooms were adapted to the needs of people with reduced mobility.
• A stair lift provided access to the first floor bedrooms.
• Technology and equipment was used effectively to meet people's care and support needs. For example, bed sensors were fitted to some beds to alert staff when people at risk of falling got up from their beds.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
• People were supported by staff who knew their needs, personalities, likes and dislikes well. Staff told us about the people living in the home and did so in a respectful way that demonstrated their caring relationships with people.
• Without exception people told us how well they were cared for. They described the staff as "very kind" and "considerate" and said they were treated with dignity. One person said, "They care for me exceptionally well". Relatives and the visitor described staff as "wonderful" and "excellent". One said, "He's happy and content, it's so nice. When staff come in his whole face lights up. This home is lovely, warm and friendly. The staff are so lovely."
• A healthcare professional told us, "The staff there always seem to have good knowledge of patients, they seem caring and attentive."
• Our observations showed staff were kind, caring and friendly. Staff respected what was important to people.
• Staff told us they enjoyed working at the home and felt the home was a good place to work.

Supporting people to express their views and be involved in making decisions about their care:
• People's views were sought, listened to and used to plan their care. One relative said, "He is being taken seriously and listened to."
• People told us they were offered choice in how they received their personal care and how it was provided.
• Care plans included information about people's cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:
• People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
• Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality.
• People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them; one said, "I can visit as much as I want."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received care and support in a way that was flexible and responsive to their needs. People described the home as "wonderful" and "a good place to be". A relative said, "They do things the way he likes them and this makes a huge difference" and another described their relation as being "incredibly happy" living at the home.
• Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
• People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
• Staff told us there were planned group activities each day which included exercises, memory games, Tai Chi and musical entertainment, and communion was provided at the home each month. The home had recently bought a keyboard for one person who liked playing the piano and we saw them enjoying playing this on the first day of the inspection. Some people told us they would like more social activities and to be able to attend church more regularly. The registered manager confirmed they would discuss this with people. They said they had planned trips out from the home when the weather improved.

Improving care quality in response to complaints or concerns:
• People and relatives felt confident that should they have a complaint they would be listened.
• One person raised a concern at the time of the inspection and this was acted upon and resolved immediately.
• Systems were in place to record complaints and actions identified to resolve issues. The registered manager told us they used these as an opportunity to learn and make improvements.

End of life care and support:
• Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
• Healthcare professionals described the home's care for people at the end of their lives as "excellent".
• Staff were supported through training and guidance from the local hospice regarding caring for people at the end of their lives. The home had received very positive feedback from family members whose relatives had received care at the end of their lives.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the previous inspection in November 2017, this key question was rated 'Requires Improvement'. We identified improvements were required with the effectiveness of the home's quality assurance processes to ensure people received safe and effective care. At this inspection, we found the home had taken steps to improve. The rating for this key question has improved to 'Good'.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• Improvements had been made since the previous inspection in November 2017 with regard to the safety, effectiveness and management of the service. However, the registered manager acknowledged that improvements were still required to some care planning and risk management documentation.
• The operations manager was supporting the registered manager to develop a more robust quality assurance auditing system to monitor the safety and quality of the support provided. The operations manager gave assurances these were priority areas for development.
• People, relatives and staff told us the home was well managed. Staff told us they felt listened to and the manager was approachable. A relative told us the home was, "The best in the west country" and another said, "I can't praise them enough."
• The registered manager was committed to providing safe, high-quality, compassionate care for people in an environment where people could feel at home. One relative described them as "An excellent and caring manager."
• Relatives and healthcare professionals said they would recommend the home to others.
• The home informed relatives of any concerns about people's health or if an accident had happened, fulfilling their duty of candour.

Continuous learning and improving care; engaging and involving people using the service, the public and staff. Working in partnership with others:
• The registered manager was supported by a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability.
• The registered manager was accessible and approachable and met with people and their relatives regularly. Feedback from people, their relatives, staff and healthcare professionals was sought to monitor and improve the home. The results of the surveys sent to people and their relatives in December 2018 were very positive.
• The registered manager reported an overview of people's health and well-being, as well as significant events, to the provider and operational manager at weekly meetings to keep them up to date with important issues in the home.

• Daily staff meetings ensured information about people's care was shared and expected standards were clear.
• Staff told us they felt listened to and supported.
• The provider and registered manager were aware of their responsibilities to remain up to date with best practice and attended local care forums with other care providers where good practice was shared.