Ridgehouse Residential Home Limited

Ridge House Residential Home

Inspection report

Ridge House, Church Street, Morchard Bishop,
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 29 October 2014. Ridge House is registered to provide accommodation with personal care for 15 older people. The home does not provide nursing care. On the day of our inspection visit there were 15 people living at Ridge House. The home is family run. The providers live nearby and are involved in the day to day running of the home.

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

Throughout or visit we saw examples of how the providers, registered manager and staff made every effort to make each person feel 'special'. They took great care to find out the things that mattered to each person, and the things they enjoyed, and made sure this happened. People told us they were very happy living there.

Summary of findings

Comments included “Wouldn’t get better!” and “They are kind”. A relative told us, “To us everything is perfect, the food, the cleanliness. The staff are spot-on – always friendly. The management are always available if we want them. It’s lovely. We are so happy we found this place.” The atmosphere was happy and lively with a range of individual and group activities offered to suit all interests.

People lived in a safe environment. The building and equipment were well maintained. Medicines were stored and administered safely. Staff understood how to recognise signs of harm or abuse and how it should be reported. The care plans provided clear and detailed information on how to keep people safe, for example, moving and handling practice and recognising signs of illness. People told us they felt safe. Comments included, “I feel safe for one thing; it has a very pleasant and homely atmosphere. My room is kept clean and I have a lovely view. I can’t complain, I’m glad I’m here.”

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people’s rights were protected. Care plans were drawn up and regularly reviewed through discussion and agreement with the person. Relatives told us they felt welcomed, involved and regularly informed.

Menus were balanced and varied. People told us they enjoyed the meals. They were offered choices to suit their individual preferences and nutritional needs.

Staff were appropriately trained and skilled. Regular training was provided covering health and safety topics and also topics relevant to people’s health and personal care needs. People told us there were always enough staff on duty and assistance was provided promptly whenever they asked. People were treated with care and respect.

Staff told us the home was well managed and there were good communication systems in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included “Excellent – I love it here! I would not want to work anywhere else” and “I think it is definitely a ‘home from home’ I love working here. There is nothing to dislike”.

There were effective systems in place to monitor the quality of care and they were constantly seeking ways of improving the service. For example, in recent months many of the external patio doors and windows had been replaced. There was a range of methods in place to seek people’s views including questionnaires, a comments book, and monthly reviews. People told us they knew how to make a complaint and were confident they could raise any concerns and these would be listened to and acted upon. The home received no complaints in the last year.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People lived in a safe environment. Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. People told us they felt safe.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Safe recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provided additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff were well trained, supported, informed and supervised to carry out their roles effectively.

Staff recognised changes in people's health and made sure other health and social care professionals were involved when necessary.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. People's rights were protected.

People told us they enjoyed the meals and were offered a good variety and choice of appetising meals. Nutritional needs were regularly assessed and the staff provided support to help people maintain a balanced diet

Is the service caring?

Outstanding

The service was caring. The providers, registered manager and staff took pride in making each person feel 'special'. They made every effort to find out the things that mattered to each person, and the things they enjoyed, and made sure this happened.

People told us the staff were always caring. Consideration was given to ways of making people feel they were in their own home, for example by supporting them to open the door to welcome their visitors. There was a warm and caring atmosphere, where staff showed understanding of each person, giving people time to talk, listening, and respecting people's views and wishes. People were involved in making decisions about their care.

There were measures in place to make sure people received safe and effective care at the end of their lives from staff who were trained and competent to meet their needs.

Is the service responsive?

Good

The service was responsive. People received a service that responded promptly to their needs. Care needs were regularly reviewed and care plans were updated. People were consulted and offered choices about all aspects of their care. Their individual preferences and wishes were respected at all times.

Summary of findings

There was a wide range of activities offered to suit each person's preferences and interests. People told us they were confident they could speak out and raise any complaints, concerns or compliments. Their views and opinions were regularly sought.

Is the service well-led?

Good

The service was well led. People living in the home, their relatives, staff and professionals told us the home was well-led.

People received support from staff who had the knowledge, skills and information to meet their needs fully. Staff meetings were held regularly and there were good communication systems in place. Staff told us the home was well managed and they enjoyed their jobs.

There were systems in place to assess the quality and safety of the service people received. This information was used to help them make changes and improvements where necessary.

Ridge House Residential 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.

This inspection took place on 29 October 2014 and was unannounced. Before this inspection took place we asked the provider to complete a report called a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They completed the form and returned it to us with all the information we asked for. We also looked at our records to check any information we had received about the home since our last inspection on 25 September 2013. This information helped us to plan our inspection.

During our visit we spoke with four people individually and eight people who were sat together in a group in the lounge. We spoke with four relatives, a community nurse, a hairdresser, three care staff, the registered manager and the providers. We observed care staff supporting people in the communal areas throughout the day.

We read the care plan files and records relating to two people and tracked the care they had received. We observed the midday medicines round and checked the recording and storage of medicines administered in the home. We looked at the recruitment records of three staff recruited since our last inspection. We looked at a range of other records relating to the management and quality assurance methods used in the home. We also looked around the home.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the providers did everything possible to protect them from harm. They told us they could speak with the providers if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had complete confidence that their loved ones were safe. For example, one relative told us the family were highly delighted their mother was able to live at Ridge House and felt "at peace with the care" knowing she was safe.

Safe recruitment procedures were followed before new staff began working in the home. We looked at three staff employment records. Each file contained a completed application form, at least two satisfactory references, interview notes, criminal records checks and evidence to show the applicants had not been barred from working with vulnerable adults. The records also contained evidence of each applicant's identity and any previous training or qualifications.

The training records showed that all staff received training on safeguarding adults. Three staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen in other services which demonstrated their understanding of abuse and how it could be prevented. They were confident any abuse or poor care practice would be quickly spotted and addressed at Ridge House. Policies and procedures on safeguarding were available in the staff office for staff to refer to.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, nutritional risks including the risk of choking, and manual handling. The files also highlighted health risks such as diabetes. Where risks were identified there were detailed measures in place to reduce the risks where possible. All risk assessments had been reviewed at least once a month or more often if changes were noted. The records showed how people were involved and consulted about their risk assessments. For example, a person who had been assessed as being at risk of falls during the night had been asked if they wanted staff to check on them every hour throughout the night. The person had signed a form showing they understood the risks but they had decided they did not want staff to check on them during the night.

Information from the risk assessments was transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. Risks were highlighted in red. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person had been regularly reviewed for the risk of pressure sores. The latest review had recorded that the risk had reduced, but instructed staff to continue to make sure the person used a pressure relieving cushion on their chair. This was monitored daily.

The staff rota showed there were sufficient staff on duty each day to cover all care, cleaning, cooking, maintenance and management tasks. The rota showed where alternative cover arrangements had been made for staff absences. The registered manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted at times they had requested.

People told us there was always sufficient staff on duty to meet their needs. For example, a person told us, "Yes, there are enough staff. I never have to wait for care." They also told us they had difficulty sleeping at night and took comfort from the knowledge that a member of staff checked on them every hour during the night. They told us the night staff always made them a cup of tea whenever they wanted. Some people told us they regularly used the call bell and never had to wait. Comments included, "There are enough staff – never any shortages." We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells staff responded immediately.

People told us their medicines were administered safely. Comments included, "Yes I feel confident everything is being looked after." Most medicines were supplied by a local pharmacy in weekly blister packs. We observed the lunch time medicines round. Two staff administered the medicines and between them they checked and double

Good

Is the service safe?

checked each step of the administration process. The staff also checked with each person that they were happy to receive the medicines, for example “Are you ok to have your tablets?”

There were safe systems in place for ordering new stocks and repeat prescriptions. Medicines were stored securely. The registered manager carried out monthly audits of the medicines held in the home and administered. Stock levels were checked, but they did not record the amounts of those medicines not supplied in blister packs that were carried forward to the next month. During our visit the registered manager showed us a pre-printed record book they will use in future to provide evidence of each monthly audit and stock check.

We looked at the records of cash people had asked the management to look after on their behalf. The money was held securely and records of all transactions had been made. Receipts showed the cash had been used by people to purchase items such as toiletries and hairdressing. Balances had been recorded and checked after each transaction.

Policies and procedures on all health and safety related topics were held in a file in the staff office and easily accessible to all staff. Staff told us they knew where to find the policies.

During our visit we looked around the home. The premises were well maintained and there was a programme of decoration and improvements. For example, in the last year many external patio doors and windows been replaced. Windows were fitted with regulators to prevent falls from windows. We found all areas were safe with level or gently ramped access around the home. There was a stair lift between the ground and first floor. Handrails were provided in corridors and in areas such as toilets and bathrooms to help people move around safely.

Records of maintenance and regular checks on equipment, including hoists, fire safety equipment, water safety, electricity and electrical equipment showed that all equipment had been regularly serviced, checked and maintained by specialist contractors. The maintenance book showed that repairs had been carried out promptly.

All areas were clean and fresh, with no unpleasant odours. The laundry room was clean, neat and tidy. Safe procedures were followed to make sure laundry was clean and safe. People told us they were very happy with the way the home was kept clean. One person told us, “Every day my room is cleaned. The bedding is changed regularly.” One relative told us, “To us everything is perfect - the food, cleanliness.”

The latest checks by the environmental health office on the hygiene and safety procedures in the kitchen showed there were good procedures in place. The highest rating of five stars had been awarded.

Good

Is the service effective?

Our findings

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals where relevant.

Each person's care plan included a section entitled 'Mental Health - Support required including any behavioural risks'. This section included information about people's ability to express their own wishes and preferences and how they expressed this. An assessment form was completed to determine each person's capacity to make decisions and this was reviewed when decisions were made. The form explained how staff should support people to make these decisions, for example by making sure the person's past and present wishes, feelings, beliefs and values had been taken into account and were understood.

At the time of our inspection there were no people living at Ridge House whose liberty had been deprived. People were able to move around the home, and to go out whenever they wished. The registered manager explained they did not have special security features to prevent people from leaving the home. They carefully and regularly assessed individual risks for people who may want to leave the building unaccompanied. If they considered any person may be at risk of harm, for example by becoming lost or at risk of traffic accident, they looked at any measures they may take to minimise the risks. They told us that as a last resort they might decide the home was unsuitable for the person and support the person and their family to find more suitable accommodation.

Whilst no-one living at the home was currently subject to the Deprivation of Liberty Safeguards (DoLS) the registered manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court judgement which widened and clarified the definition of deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People told us they enjoyed the meals and were offered alternatives if they did not like the main meals on offer. A relative praised the staff for the care they had given and told us, "She has improved greatly since she moved in. She has put on weight". They told us this was a very big relief to them as they knew the person was eating well and was happy and well looked after.

There was a four week menu which was reviewed every month by the registered manager in discussion with each person living in the home. The cook also spoke to people most days to ask if they had enjoyed the meals and to ask for suggestions for new meals they could try. The cook had a list of each person's likes, dislikes and dietary needs and gave examples of foods they offered as alternatives if people did not want the meals on offer. The menus also suggested alternatives that people could ask for. The registered manager and the cook also told us they knew the size portions each person preferred and used smaller plates for those people who requested small meals. This information was also included in the care plans.

Care plans included nutritional risk assessments for each person. These were reviewed monthly. People's weight had been checked regularly. Where risks were identified the main care plan document was updated to explain to staff any changes to the person's care needs and the measures they should follow to reduce the risks. The risk assessments also covered the risk of choking. At the time of our inspection staff told us there were no people who were at risk of choking.

Staff were given the training, information and support they needed to make sure people's care and support needs were fully met. The registered manager showed us evidence of training sessions staff had attended in the last year including understanding dementia, continence care, diabetes and Parkinson's disease. Future training sessions were planned for topics such as end of life care.

The registered manager also showed us how they researched any relevant health related problems on the internet and placed fact sheets in care plans for staff information. For example, there were printed fact sheets with pictures giving step-by-step instructions on how inhalers should be administered to people with asthma. People attended regular reviews with a nurse who specialised in asthma and information about current best practice was obtained from the nurse and used to update the care plans and care staff.

Good

Is the service effective?

Staff also received training and regular updates on all health and safety related topics such as manual handling and first aid. Staff confirmed they had received regular training and gave us examples of training sessions they had recently attended. Comments included, “We have training quite often – it is always on the (staff notice) board”, and “Plenty of training!”

The registered manager showed us a copy of an induction workbook completed by a member of staff recently recruited. The workbook followed nationally recommended Common Induction Standards. The workbook showed new staff were given information and their understanding and competence was checked before each section was signed to show the staff had successfully completed it.

Staff told us there were good communication and support systems in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns at any time. Their comments included, “Excellent – I love it here! I would not want to work anywhere else”, and “I think it is definitely a ‘home from home’ I love working here. There is nothing to dislike”.

There were good links with other agencies and professionals such as GPs, community nurses and health specialists and all visits and appointments with health professionals were fully recorded. Staff worked closely with other professionals to make sure any changes in people’s health or care needs were addressed promptly. Each care plan file contained daily reports completed by staff showing the care the person received that day. There were also records of visits by professionals, including doctors and nurses, and the outcome of each visit.

We spoke with a community nurse who was visiting the home. They described the care provided by the staff as “brilliant!” and the staff were “always helpful. They seek advice straight away”. They went on to say that the staff followed any advice they gave. They told us the staff were well trained and pointed to the evidence on the staff room notice board showing recent and forthcoming training sessions. They told us “All the residents seem happy,” and they said they were confident their nursing colleagues would agree there were no concerns at all about the care at the home.

People’s needs were met by the adaption and design of the home. There was signage around the home to help people find their way around safely. For example, pictures were used with text to help people find their bedrooms, the toilet or bathroom. We also saw some notices in a few bedrooms for people with memory problems to remind them of risks and encourage them to use the call bell to ask staff to assist them.

Outstanding ☆

Is the service caring?

Our findings

Throughout or visit we saw examples of how the providers, registered manager and staff made every effort to make each person feel 'special'. They took great care to find out the things that mattered to each person, and the things they enjoyed, and made sure this happened. They gave examples of things people had told them they liked, such as foods or toiletries, and these things were provided. They paid attention to detail, for example how each person liked their hair to be done, and their sleeping patterns. The atmosphere was warm, welcoming and caring. There was a sense of close friendship, understanding and respect for each other. Staff demonstrated a pride in their jobs and a determination to give each person the best care possible.

In every interaction we observed staff giving people time to talk and express their needs. Staff were patient and encouraging when supporting people to move around the home. For example, a member of staff was walking arm in arm with a person, gently supporting them to open the front door to their relatives who had come to visit. We saw them laughing and smiling together, with good eye contact between them. The registered manager explained that, where possible, they liked to support people to open the front door to their visitors as this is what people would do if they were in their own home. They told us they saw that people gained much pleasure from opening the door to their visitors.

People told us the staff were always caring. Comments included "How kind they are," and "The staff are always kind – always have time for people. Lots of patience". All of the feedback the provider had received through their quality assurance process contained positive comments about the care, for example "I am enjoying my stay in this residential home very much. Everyone is very kind and the staff are all very co-operative and attentive", "The people here are very caring and friendly," and "We always get a warm welcome and always find (the person) beautifully cared-for". We also saw many positive comments from professionals who visited the home, including "Ridge House is the best home I visit within Devon, Dorset, Avon and Somerset. It's a family atmosphere together with efficiency, love and care is second to none."

People told us they were involved and consulted about their care plans. Comments included, "Yes I have a care plan. They check every so often it's alright." We also saw evidence in the care plans that people had been involved and consulted about their care needs. For example, a care plan explained "(The person) says she continues to like having someone to help her wash and dress. (The person) can manage….However, does like some assistance with…." In another section it explained "Staff continue to ask (the person) if she would like some help, however she will often say "I can manage". Staff to return later to ensure she is ok."

Throughout the day we saw and heard staff asking people if they wanted assistance and offering choices. For example, we heard a member of staff walking with a person between their room and the lounge. There was friendly and cheerful conversation, and we heard the staff member offering "Shall I do…" and "Do you want…?"

People were supported to express their views in various ways. The registered manager explained that until recently they had held regular residents meetings. However, people had told them they did not want to continue to have group meetings, and instead they preferred to have individual meetings with the registered manager or staff. As a result they had implemented fortnightly review meetings between key workers and people on an individual basis. The registered manager and providers spoke to each person every day to make sure they were happy with the care. In addition, people were invited to complete an annual questionnaire. People told us they could speak to the staff, the manager or the providers at any time about anything. One person joked, "I keep them in line!"

A relative told us the staff or registered manager kept in close contact with them. They said the staff rang them immediately if there was anything they felt they should know. The relative told us other family members were "highly delighted" with the care provided and felt "at peace" knowing their loved one was living at Ridge House.

There were various places people could entertain visitors if they wanted to speak in privacy or in a quiet area, including a quiet lounge, the entrance hallway, or in their bedrooms. Bedroom doors were fitted with locks for those people who had requested these. Other people had requested door hold-open devices as they liked seeing people passing when they were in their rooms. They told us the staff always knocked and waited for a response before entering and did not assume it was acceptable to enter without permission. They also told us staff asked people if they wished to speak with visitors in privacy without being disturbed.

Outstanding ☆

Is the service caring?

A tablet computer had been purchased for residents to use to keep in touch with families and friends. The registered manager said that by using facilities such as video calling people were able to see and speak with family and friends who were unable to visit regularly, for example those who lived long distances away. People were also able to send e-mails and photos to keep in touch with loved ones.

The registered manager told us that during the first stages of admission they spent time with the person to discuss sensitive issues regarding their end of life care. They had drawn up an 'advanced care plan' for each person giving them opportunity to tell them about any special wishes they had, including funeral arrangements. They gave people opportunity in these discussions to express any worries or concerns. The staff worked closely with the local GP service to ensure that any official advanced decisions were well documented. Staff were made aware of people's wishes not to be resuscitated. This information was held in the office and staff knew where to find this information in an emergency. A training session on 'End of Life Care' was booked for November 2014 for all care staff. Recording and monitoring systems were used to ensure people received the care they needed at the end of their lives, for example, food and fluid intake, turning charts and skin care. The registered manager told us they worked closely with the local community nursing team to make sure people had the right equipment, care and treatment at the end of their lives.

People were able to bring furniture and personal effects to make their rooms feel homely. They were consulted about decorations in their rooms. One person had brought garden ornaments with them which they placed on the patio outside their bedroom. Another person told us they were very happy with their bedroom, "Very comfortable. I think it's the best room in the house!"

Good

Is the service responsive?

Our findings

Before people moved into the home they were invited to complete a form entitled 'this is me' which provided a wide range of background information about the person's home, family, hobbies and interests, likes and dislikes, things that worried them and things they enjoyed. This information was used to help staff develop a care plan with the person.

People confirmed they had been involved and consulted in their care plans. Comments included, "They sat down with me when I first arrived and asked me lots of questions", and "They come round and ask all sorts of questions about my care. Yes I am involved in my care plan." Another person told us the staff knew them well and always asked what they wanted help with, for example if they wanted a bath or a shower. Individual preferences were recorded in the care plans, for example the times people wanted to get up, go to bed, or have a bath or shower. The care staff told us the care plan files provided them with all of the information they needed to understand people's care and support needs.

Changes in people's needs were identified promptly and actions were taken to respond promptly. Risk assessments, daily reports and records of health professional's visits showed where changes had been identified in people's needs. Staff had sought advice and treatment where necessary. For example, where people experienced anxieties staff had sought advice from the community psychiatric nurses. The care plans provided detailed information and advice to staff to help them recognise the signs of the person becoming anxious, and how to support and reassure them. Any changes in care and support needs identified through reviews were carried forward and explained in other parts of the care plans. This ensured staff had up to date information about people's care needs.

A recent example was given of a person who had been displaying signs of frustration towards staff and out of character behaviour. When their needs were reviewed they found this happened when a close relative was absent on holiday. This helped the staff understand the reasons for behaviours that may seem out of character and as a result they gave the person more support during these periods, with positive results.

During our visit we observed a staff handover session. Staff who were about to finish their shift passed information to the staff just beginning their shift about each person. This included information such as any specific health issues, how people had slept, how well they had eaten, if they had a bath, and hairdressing arrangements. Staff told us there was excellent communication in the home including shift handover sessions and a daily communication diary.

Staff also gave us examples of how they gave people choices each day. This included choices of what people wanted to eat, what clothes people wanted to wear, what times they wanted their meals and the times they wanted to get up. They told us the whole team, including the providers, made every effort to make sure that people were "totally spoilt". One staff member told us, "I think it definitely a 'home from home'. It's perfect. I love working here."

There was a range of activities to suit each person. Activities were recorded in the 'social activity' book. These included craft sessions, painting and drawing, quizzes and games, and visits from musicians such as a violinist, folk singers and cabaret singers. There were a large range of games available such as quoits and board games.. In one of the lounges we saw tables where people were in the process of completing jigsaw puzzles and there was a good stock of jigsaw puzzles for people to choose from. There was also a good stock of large print library books to choose from. Around the home we saw that paintings by people who lived in the home had been framed and displayed.

People told us about the things they enjoyed doing. This included group activity sessions and also individual activities such as car trips to the local garden centre, or shopping trips in to Crediton. A relative recommended we visit the home at Christmas time because there was there was so much going on, and said "Christmas is lovely here for them."

People told us they were confident they could speak out at any time if they had any concerns or complaints. We saw copies of the complaints procedure displayed in the entrance hallway and in the office. Staff were given a copy of the procedure in their staff handbook and people were given a copy when they moved into the home in the Service User's Guide. People told us they were confident if they made a complaint they would be listened to and their complaints would be acted upon. People told us they had never needed to make a complaint. In the last year the home had no recorded complaints. Comments from

Good

Is the service responsive?

people living in the home and their relatives included, “Yes, I could speak out if I had any concerns”, “I would complain to the staff if anything was wrong”, and “No grumbles – I am happy with everything”.

Good

Is the service well-led?

Our findings

Ridge House is a family-run home. The providers have owned and managed the home for a number of years. The providers took an active role running the home, for example by carrying out maintenance, or helping to cover for staff during sickness and holidays, and were present in the home on a daily basis. The registered manager and provider told us that working alongside staff on a regular basis enabled them to fully understand every person's care needs. This gave them an opportunity to observe staff practice and to lead by example.

The registered manager and providers actively promoted a relaxed and welcoming atmosphere. Throughout our visit we saw examples of people smiling, chatting, and being involved in the daily life of the home. For example, in the afternoon we saw one of the providers sitting in the middle of the lounge floor playing a game with a young visitor. A group of residents were sitting in a group around them, watching the game, laughing and encouraging the young visitor. People were relaxed and happy, and everyone was included in the fun.

People we spoke with and their relatives praised the management of the home. Comments included, "To us everything is perfect, the food, the cleanliness. The staff are 'spot-on' – always friendly. The management are always available if we want them. It's lovely. We are so happy we found this place."

Staff demonstrated a sense of pride in their jobs. They gave us examples of why they felt the home was well managed and why they were confident people received the best care possible. Comments included, "(the providers) are so proud of this home. I am confident they would not do anything wrong," and "People are totally spoilt". They described how the registered manager and providers took care to make sure everything ran well, for example by providing training, good communication, support, and by leading by example. They told us about information in the care plan files and how they could request advice and support at any time. They told us the providers and registered manager would do whatever they could to meet a person's requests. Their comments included, "Excellent – I love it here. I would not want to work anywhere else", and "I think it is definitely a 'home from home' I love working here. There is nothing to dislike".

The registered manager had completed relevant qualifications in recent years including Level 5 Diploma in Leadership and Management in Adult care which was completed in 2013. She was in the process of completing level 3 Award in Awareness of Dementia and Certificate in Dementia Care. She told us she was constantly researching sources of good practice and passed this information on for staff to read. The registered manager used information gathered through research and from professionals to draw up plans for each person living with dementia. For example, information was gathered from organisations such as the Department of Health, the National Institute of Clinical Excellence (NICE), Asthma UK, Alzheimer's UK, SENSE, Hospisecare and Parkinson's Awareness.

The dementia plans included medication reviews carried out by medical professionals, responding to anxiety, and engaging activities to suit each individual. The registered manager demonstrated how this brought positive results, for example a recent referral to the mental health team resulted in a medication change for one person. This dramatically improved the person's anxiety and depression and resulted in the person regaining their interest in everyday pursuits, including social activities.

The registered manager also carried out research on the internet for example when reviewing their policies and procedures, gathering information on relevant health topics, and data safety information. They had plans to further improve the safety measures in the coming year. These included further staff training and yearly updates on topics such as safeguarding, moving and handling and first aid training. They also planned to review safety measures in the home, for example providing more 'hold open' devices for fire doors for those people who had difficulty opening heavy fire doors.

They explained how they promoted good communication between staff, residents, their friends and family, professionals and management. They told us they welcomed feedback and comments, and respected people's views of their service.

Information was shared with staff through supervisions, handover sessions and staff meetings. The registered manager showed us a copy of the most recent staff meeting which included topics such as infection control, cleaning routines, oral hygiene, sharing responsibilities, communication, laundry routines and confidentiality.

Good

Is the service well-led?

They sought advice and information from other health professionals such as GPs, community nurses and health specialists. For example, they requested input from the local physiotherapist team who advised staff on exercise sessions that would benefit the residents. Following this the manager and staff organised regular exercise sessions. They purchased new equipment to use during these sessions as recommended by the physiotherapist. They also obtained guidance from Age UK, for example they purchased a flip book with diagrams on 'strength and balance exercises for healthy ageing'.

They followed an accredited scheme known as the Gold Standards Framework for people at the end of their life. Information from this scheme was used to plan people's care needs at the end of their life. After our inspection visit they told us they had applied to become a member of the Gold Standards Framework for care homes.

There were also good links with the local community including the church, which is situated next door to the home, and the local school, which is opposite the home. Some people also attended services at other denominations such as the local Methodist church. The local vicar visited the home once a month and held a communion service for those who were unable to attend church services. If people wished to follow any other faith this was supported and facilitated by the staff. Staff encouraged and supported people to attend local coffee mornings and events at the local village hall. Throughout the year people from the local community visited the home to attend social events or to provide entertainments. For example, at Christmas there were visits to the home from the primary school, chapel and Church.

A 'comments and suggestions' book was kept in the entrance hallway. In the last year visitors including professionals had recorded comments. Many of the comments were lengthy and described why they felt the care at Ridge House was special. For example, "Mum has her own little 'seat' in the lounge, is encouraged with her papers and crosswords which she loves, and clearly she feels part of the 'Ridge House family'. This is a very special home (and we do have experience of others to compare it with). We are happy to recommend to anyone."

The provider also asked people living in the home, their relatives and friends, and professionals such as GPs and community nurses to complete a questionnaire seeking their views on the care and services provided by the home. They showed us copies of the completed questionnaires, and this showed that in the last year the home had received 36 compliments and positive comments. There were no negative comments or suggestions for improvement. For example, "A lovely place, proper place. You know me well. You know what's best for me", and "I feel safe for one thing, it has a very pleasant and homely atmosphere. My room is kept clean and I have a lovely view. I can't complain, I'm glad I'm here". A health professional was asked "Did you find the management to be approachable with any concerns you have had? They answered "All questions regarding patients are answered appropriately." They also commented, "Very helpful…very clean and welcoming environment for the residents."

The registered manager checked care plans each month. Incidents and accidents were reviewed and any increased or continued risks, for example urine infections, falls and weight loss, were identified and action taken to reduce the risk. . We saw evidence in the care plans of actions taken where risks were identified, including contact with relevant professionals, implementing foods and fluid charts, providing manual handling equipment, or rearranging the person's bedroom.

Other monthly audits included monthly medicines audits, reviews of risk assessments and discussions with people about the menus. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by the provider. The registered manager told us there had been one medicines error in the last year. The error had been spotted quickly and they had checked with the person's GP to make sure the person would not be affected by the error. The registered manager told us they were satisfied it had been a one-off simple mistake, and they had not placed any blame on the staff. Instead they had taken the opportunity to discuss with all staff and to learn from the mistake. They had reviewed their procedures and had taken a range of actions to prevent recurrence including further staff training on the safe administration of medicines.