Anchor Trust

Ridgemount

Inspection report

The Horseshoe
Banstead
Surrey SM7 2BQ
Tel: 01737 858950
Website: www.anchor.org.uk

Date of inspection visit: 7 May 2015
Date of publication: 29/07/2015

Ratings

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

Overall summary

Ridgemount is a care home that provides care and accommodation for up to 66 people who are elderly, some of whom are living with dementia. The home is purpose built and divided into five units, each with its own lounge and dining area. The home is owned and operated by Anchor Trust. Accommodation is arranged over two floors and has a lift access provided. There were 61 people living in the home on the day of our visit.

There was not a registered manager in post on the day of the inspection. The home was being manager by the care manager until a permanent manager is appointed. 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 associated Regulations about how the service is run.

The home has been refurbished throughout since our last inspection on 12 June 2014 and all areas were clean bright and comfortably furnished.

People told us they felt safe. One person told us staff and said "This is a safe place to live". A relative said "I have every confidence in this home knowing that my family member is safe".

Summary of findings

Staff had a good understanding of adult safeguarding procedures and what action they should take if they were unhappy about any poor practice.

There were enough staff working in the home and people were well cared for. There were safe recruitment procedures in place to help keep people safe. The provider had systems in place to ensure all safety checks were in place before staff started work.

The staff were aware of risk and there were risk assessments in place that promoted peoples safety and did not compromise people's independence. For example how people's mobility needs were managed.

People received their medicine safely and according to the procedures in place. Medicines were administered by staff who had received the necessary training and had been assessed as compeneten to do so.

We found the home had a relaxed atmosphere and people were going about their daily routines either enjoying the group activities, reading their daily newspapers, sitting in their rooms attending the hairdressing salon, or going to the polling station to vote. People were treated with respect and dignity and staff spoke to people in a kind and polite manner.

People were cared for by staff that had the training and skills to undertake their roles efficiently. Staff felt the training provided was appropriate and we saw two training sessions in progress during our visit.

Where people lacked the capacity to make decisions for themselves staff followed the requirements of the Mental Capacity Act 2005, and staff had received relevant training.

The care manager understood their role and responsibilities in relation to the Deprivation of Liberty Safeguards (DoLs). Individual applications had been submitted to the local authority when appropriate to ensure people were not illegally deprived of their liberty.

People's health was maintained and they had access to sufficient food and drinks. There was a choice of food for people. People's specific nutritional needs were catered for. People had regular access to a GP and their health needs were being met.

People had agreed care plans in place and care was undertaken in accordance with people's preference and needs. People had been involved in their care planning and relatives were also included in this process when appropriate. There were a wide range of activities available that people enjoyed. Complaints were responded to appropriately and in line with the stated complains policy. People and their relatives knew who to speak to if they had any concerns or complaints.

Systems were in place to monitor the quality of service provision being offered. For example customer satisfaction questionnaires were used and any improvements followed up. Staff told us that they felt supported by the care manager and were well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse because the staff were aware of their responsibilities and had undertaken safeguarding training..

People received their medicines in a safe way.

There were enough staff employed to meet people's needs. There were robust arrangements in place to ensure that only suitable staff were recruited.

When risks were identified assessments were in place to keep people safe without compromising their independence.

Good

Is the service effective?
The service was effective.

People's health care needs were being met and people were registered with a GP and any other health care professionals that were needed.

Feedback from health care professionals was good and they said people got effective care.

Staff ahd a good understanding of the Mental Capacity Act and consent was obtained from people in line with this.DoLS assessments were in place where appropriate

People received an adequate and nutritional diet which included people's specific health requirements and their individual preferences.

Good

Is the service caring?
The service was caring.

People were supported by staff who were caring and compassionate.

Staff respected people's privacy and dignity and we saw staff spoke to people in a respectful and professional manner.

People were encouraged to make a choice regarding their daily living requirements.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints are listened to and responded to according to the complaints procedure in place.

People were encouraged to participate in a variety of activities provided.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The care manager operates an open and inclusive approach and has a good knowledge of the needs of the people in his care.

The care manager had a good understanding of the home's aims and objectives and encouraged people, relatives and staff to attend meetings to air their views.

There were reliable systems in place to monitor the standards in the home using audits and questionnaires.

Ridgemount

Detailed findings

Background to this inspection

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

This was an unannounced inspection, which took place on 7 May 2015. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert by experience had experience for caring for someone living with dementia.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. We did not ask the provider to complete a Provider Information Return (PIR) as we carried out this inspection after some concerns which were raised with us. This is a form that askes the provider to give us some key information about the service, what the service does well and improvements they require to make.

During the visit we spoke with 16 people who used the service, six family members, eight staff, two health care professionals, the hairdresser, and one member of the management team.

We looked at eight care plans, eight risk assessments, four staff employment files and records relating to the management of the home.

The last inspection of this home was in 3 January 2014 where we found our regulations were being met and no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said "It's good to have peace of mind knowing that I am in a safe place". Another person said "I was worried about falling at home but that does not bother me here". People said if they had any concerns about their safety the they would talk to the staff about it.

The care manager had a good understanding of their safeguarding role and responsibilities. They told us they had a good rapport with the local authority and worked well with them in matters relating to any safeguarding issues. We saw referrals were made to the local authority in a timely way to safeguard people living in the home.

There was a safeguarding policy in place that outlined the types of abuse and how to recognise abuse and the steps which should be followed to safeguard people. During conversation with staff they were able to demonstrate to us that they understood the safeguarding procedures and knew where to locate this information if required. They also told us they had undertaken training in safeguarding adults and were able to tell us what might constitute abuse and knew how to report this. Records showed that this training had been provided.

Risks to individual people were identified and the necessary risk assessments were carried out to keep people safe. For example when people required to be moved using a hoist, when people were prone to choking, when people had frequent falls, or when people's skin integrity required protecting, plans were in place to manage this. The risk assessments were informative, reviewed regularly and did not compromise people's independence. Staff were aware of people's needs for example they told us "We have to move some people with a hoist to protect them from harm and also protect ourselves".

People were protected during emergencies because the service had procedures in place to support them. Staff had undertaken emergency first aid training and fire safety awareness training and knew what action to take if required. Procedures were also in place for staff to follow in the event of utility failure and adverse weather conditions. People had personal evacuation plans in place which were kept in the front office.

The number of staff on duty at the time of our inspection was sufficient to meet people's needs. We looked at the staff duty rota and saw there were two staff allocated to each unit and they had the support of two team leaders on each shift. Staff told us there were enough staff on duty and in the event of sickness bank staff were usually supplied. The care manager explained that staff were deployed to areas according to people's assessed needs and this was flexible according to dependency levels. People told us they did not have to wait long for attention when they used their call bell. We saw staff responded promptly when people rang their bell.

There were robust recruitment and selection processed in place. Staff employment files included a completed application form and that an interview had been undertaken. In addition an employment record had been provided, two written references were obtained, a health questionnaire had been provided and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken to protect the people who lived in the service.

We looked at the medicine administration procedures on the middle floor. We saw there was a medicine policy in place and all staff who were responsible for the administration of medicines had read this documented and signed to confirm they had understood this.

Medicines were kept safely in a locked room on each unit. Appropriate arrangements were in place for obtaining repeat prescriptions from the GP surgery on a monthly basis or when medicines were changed. Medicine was supplied from a local chemist mainly in blister packs which monitored when medicine had been given. Records were kept of medicines requested, delivered, and returned to the chemist so that medicine could be audited.

Appropriate arrangements were in place in relation to the recording of medicine. We saw the service had medication administration charts (MAR) in use to record medicines that were taken by people who used the service. We noted the appropriate codes were used to denote when people did not take or refused their medicine. Anti-coagulation medicine (medicine used to reduce the risk of blood clots) was in use and we saw this was signed by two members of staff when it was administered to ensure it was given appropriately. People received their medicines safely.

Good

Is the service effective?

Our findings

A relative told us that they were very happy with the service and that their family member was well cared for. Another relative said "I can honestly say the care and attention is very good". A person told us "I haven't got a bad word to say about the place". Another person said "First thing in the morning I am greeted with a cheery face and asked if I would like to get up. What more can I say".

People had health action plans in place and their health needs were monitored by staff with help from health care professionals. People were registered with a local GP who visited regularly. When people required specialist intervention referrals were made by the GP. We saw a person had yearly check-ups for their pacemaker, and people saw the dentist, optician and chiropodist regularly. People also had access to the psycho geriatrician (a consultant) to help them with their dementia needs. A visiting health care professional told us the service was proactive in their approach to care and made referrals promptly and carried out instructions effectively. "I come here three times a week and staff are good at following treatment plans for a variety of conditions". "They will always alert me to red skin and keep a good supply of dressings". "Things have vastly improved here lately and staff are working as a team". Visits from health care professionals were recorded in care plans. Staff told us if a person felt unwell and needed medical attention they would arrange for their GP to visit them.

Staff told us that they felt supported in their role and had the required training that allowed them to do their job effectively. Staff received a comprehensive 12 week induction in line with the Skills for Care common induction standards. These are the standards staff working in social care need to meet before they can safely work unsupervised. The care manager and team leaders mentored new staff and oversaw their induction until they were able to work unsupervised. Other staff received training that helped them meet people's needs and had completed National Vocational Qualification (NVQ) or Diploma in Health and Social Care at level two and three which are nationally accredited care qualifications. Training covered all areas needed for staff to care for people effectively and included dementia awareness, first aid and health and safety. The staff training and development records confirmed that this training had taken place. A member of staff told us "There is always training on offer and we are encouraged to undertake this". During the morning of our visit we observed a back care training session in progress for six care staff which was part of their mandatory update training and during the afternoon there was a fire safety awareness class in progress.

Staff received regular one to one supervision which allowed them to discuss concerns or training needs with their line manager, each member of staff had an annual appraisal where they were able to reflect on their work and identify goals for the year ahead. A staff member told us "I value these meetings".

Several of the people who lived in the home were living with dementia. Each person had their capacity assessed to ensure that they could consent to the care and treatment they received. We saw that staff asked for consent from people who lacked capacity before they undertook personal care or when they needed to support them. Staff had a good understanding of the Mental Capacity Act 2005 (MCA). For example a staff member told us "I will always ask people what they want and never just make their mind up for them that would not be nice". "My nan had dementia so I understand what that's like".

The Care Quality Commission is required by law to monitor the operations of the Deprivation of Liberty Safeguards (DoLS). The service was aware of the changes in DoLS practices and had policies and procedures regarding DoLS in place. People's need for a best interest decision where they may have lacked capacity to make their own decisions had been considered, and we saw DolS applications had been submitted to the local authority for people's financial affairs and consent to care and treatment.

We observed lunch being served in three of the five units. People were assisted to sit at dining tables of their choice. The atmosphere in the dining rooms was relaxed and unhurried. People told us they liked the food provided and said there was a good choice. Lunch was a lighter option with the main meal being served in the evening. One person told us "I can have almost anything I want and it is always beautifully cooked". A relative said "Mum always says she is spoilt for choice". Menus were displayed on the tables in each dining room to ensure people were aware of the choice of food available to them.

Records showed people's nutritional needs and preferences had been assessed by the use of a nutritional

Good

Is the service effective?

screening tool. The chef had a list of people's likes and dislikes and details of people requiring special diets such as diabetic, soft or pureed meals. Staff also had a good knowledge of what people liked and were able to support them make their preferred choice. If people were at risk of malnutrition or dehydration staff ensured that this was carefully monitored to make sure they had enough to eat and drink. Fluid input and output charts were maintained when people's fluid and food needed to be monitored.

These were reviewed every day and the GP was consulted as required. Specialist support was also available from a dietician and the Speech and Language Therapy team regarding people's nutrition and hydration to ensure people had enough to eat and drink. People's weight was monitored and recorded regularly to ensure people maintained a healthy weight. If any concerns were identified people were referred to appropriate health care professionals for further investigation.

Good

Is the service caring?

Our findings

People said they were well cared for. One person said some staff were "Gentle and kind". Another person said "They will always listen which means so much when they are so rushed sometimes". A relative told us "Mum has a good quality of life here". And another relative said "We are quite happy with the care mother gets". Another relative said "I can visit at any time and I am always welcomed by caring staff".

A person said that staff were" So kind and attentive". Another said "They know me well and know when I need cheering up". One staff member said sometimes it only takes a smile or a little make up to make a difference" . A relative said "Mum always looks nice". We saw people were well dressed and were wearing appropriate footwear. Some people were having their hair done as the hairdresser was visiting. One person said "It really gives me a lift having my hair washed and blow dried it's a real treat".

We saw staff taking their time to explain to people who required a little more understanding about what they were asked to do. For example one person did not know if they wanted tea or coffee and the staff member showed them the tea pot and coffee jar to help them choose. Then the person laughed out loud and made a "thumbs up" sign at the staff.

We saw a member of staff clean a person's glasses before they started to read their newspaper and both were laughing as the person said "They were in a sorry state". The person also told us they used a hearing aid and that staff also made sure they remembered to wear this. They told us "They are very good here".

People were treated with dignity and respect. We heard staff speak to people in a polite and professional manner and addressed them by their preferred title, which was usually by their first name. Personal care was undertaken in people's bedrooms or privately in bathrooms. A person had a visitor and we saw a staff member walk with the person to their bedroom in order that they could talk to their visitor in private. The staff member "It's only courteous as I am sure they don't want everyone to hear what they are talking about".

People had the choice of where to spend their time. They mainly spent their time on their individual units but were encouraged to move about the home. Lounge areas were arranged so people could sit and chat or spend time alone. People said they liked the choice of being able to pick and choose how they spent their time. People had the choice of when to get up and go to bed, a choice of meals and where they wanted to eat their meals. One person said "It's nice to be given the choice, I would not like to be told what to do all the time".

A staff member said they were encouraged to read people's care plans and get to know something about the people they cared for before they came into the home. One staff said "People lead such interesting lives and X was a teacher". Staff supported people to personalise their bedrooms when possible and encouraged ornaments and photographs to help people remember their family and friends.

People were supported to maintain family contact and we saw private telephones could be arranged for people to use independently or with staff support. We heard a person talking to their family in Australia and they said "This was a weekly highlight". On occasions staff supported people to send birthday cards to members of their family.

Two health care professionals told us that staff promoted a caring environment and were "Kind and considerate".

Good

Is the service responsive?

Our findings

People had individual assessments of needs and care plans in place and the service responded people's changing needs where needed. For example if it was decided that someone required a special bed or a specialist item of equipment to meet their needs then the provider responded promptly by providing this. One person required a sensory mat to keep them safe during the night to reduce the risk of falling which was provided in a timely manner.

People had their needs assessed by a senior team leader or the care manager with the experience and expertise to undertake this role. Preadmission needs assessments were before people moved into the service to establish if their individual needs could be met. People told us they were had been involved in these assessments and relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided.

People had care plans in place that were written on the basis of the needs assessment and expanded upon when the person had been admitted to the service and settled in their new environment. People and their relatives said they were consulted at every stage of their care planning and felt included. Care plans included people's physical, emotional cultural and spiritual needs. Care plans were reviewed every month or when needs changed. Relatives said they were invited to attend reviews of care when appropriate and were kept informed of any changes in their family members care and treatment.

Care plans were person centred and specific needs were responded to. For example one person asked to have a daily shower and they told us that was happening. We saw one person asked to have Horlicks going to bed and liked an early breakfast and when we spoke with them they said "The care was spot on and I get everything I need".

The home had made adjustments to respond to mobility needs of people to promote and maintain independence. This included ramp access and grab rails. People could access community facilities when appropriate. It was polling day on the day of our visit and two people were supported to attend the local polling to cast their vote. Other people told us they had a postal vote. "They are very good here, we don't miss out".

People told us they had plenty of activities to participate in. The home had three activity coordinators and they tried to please everyone. We saw activities were planned according to the time of year and also included any special events for example VE day celebration, Christmas parties, summer garden parties; BBQ's, Easter bonnet parade and individual birthdays. One person said "It was my birthday yesterday and I am still getting cards and flowers". The home was undertaking a virtual cruise to six countries exploring the language, and food. Each unit was decorated with flags and bunting for the relevant country. Spain was the theme the week of our visit and one person told us "I had tapas and sangria yesterday". "We had Spanish music and we looked at holiday photographs people shared with us". "It was such good fun". We saw a weekly time table of events displayed in each unit and people were able to choose which activities they wanted to participate in. Outside entertainment is also used and people said they liked the old music and pantomime. Care staff also took part in these activities and one member of staff said "We can even dress up".

People's spiritual needs and beliefs were supported. A church service took place monthly and visits from various clergy were arranged by request.

The service had a complaints procedure in place and people were encouraged to raise any concerns they had. People told us they spoke to the care manager or team leaders daily and if they had any complaints they would discuss them immediately and that these were resolved in a timely way. We looked at the complaints log and we saw there had been a number of complaints recorded since our last inspection which had been resolved satisfactorily and in line with the home's complaints procedure.

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. The home was being managed by the care manager in the absence of a registered manager. People told us they felt the service was well managed. They said the care manager spoke with them every day and they always knew what was going on. One person said "I only have to ask for something and they do their very best to provide it as soon as possible." Staff said the care manager managed them well and always had time to listen.

The care manager had the support of five team leaders who all had a designated lead role. For example they took the lead as back care coordinator, medicines coordinator and head of infraction control, and organised training for staff in these areas, kept monitoring audits in place.

The home had a statement of purpose and everyone was provided with a copy of this which set out the values and principals of the service. People were provided with an information pack which provided guidance about how the home was managed and where to go for support and advice if it was needed.

Regular heads of department meetings took place so that there could be an open discussion of any issues relating to the overall care provided and identify any issues of concern. For example catering was discussed during one of these meetings to accommodate the virtual cruise activity that was taking place and the adjustments to the menu to include various new dishes on the specific days. Housekeeping arrangements were discussed and what extra input may be required to manage specific issues like carpet shampooing to manage continence to promote a hygienic environment.

We saw team leader handovers took place and changes to people's care or treatment were discussed so that all staff knew the latest information about people. This was then communicated to the staff on individual units and daily records completed and care plans updated accordingly. Staff were deployed to meet any significant change that were identified.

Staff said they felt valued in their individual roles and found the care manager was very supportive of them. They said they could raise concerns with them and felt confident that issues were addressed appropriately by them. "I like working here now and things have really changed for the best".

Systems were in place to assess the quality of the service provided. On-going audits of care plans, risk assessments, medicine audits, housekeeping audits, catering surveys, and clinical audits were undertaken to monitor the quality of service provision and promote improvement.

Monthly area manager audits were undertaken and reports provided for information. Feedback with praise or criticism was shared with the staff and an action plan introduced to improve for the next audit. For example it was agreed to that the home should be redecorated as part of the business plan, and we saw the home had been refurbished throughout to a high standard since our last inspection.

Monthly health and safety audits were undertaken to promote people's welfare and maintain a safe working environment. This was done together with the maintenance department which included fire safety and PAT testing. The records we looked at relating to health and safety were detailed and very well maintained.

People told us that they were asked for their views about the service. Corporate customer satisfaction questionnaires were sent to people and their relatives for comments and suggestions. These are sent to head office for analysis and the results shared with the service. We saw the service scored 100% for kindness dignity and respect.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager of the home had informed the CQC of significant events that happened in the service. This meant we could check that appropriate action had been taken.