Sudera Care Associates Limited

Ridgeway Nursing Home

Inspection report

Crich Lane
Ridgeway
Belper
Derbyshire
DE56 2JH

Tel: 01773853500

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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

This inspection took place on 5 and 10 April 2017 and was unannounced on the first day.

Ridgeway Nursing Home is located in a rural setting, close to the town of Belper and provides nursing and personal care for up to 37 older people, including people who have dementia. On the day of our inspection there were 32 people using the service.

A registered manager was not in post, although there was a manager who had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers arrangements for medicines administration, recording and storage was safe. People were supported to have their medicines when they needed. They were also supported to maintain good health and were helped to have access to appropriate healthcare professionals and services. Guidance from healthcare professionals was followed to ensure people's needs were met.

Staff understood the need to include people with decision-making; staff considered people's capacity and followed the key principles of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed; people were supported to have choice and control over their life and staff supported them in the least restrictive manner. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff had been provided training so they were able to meet people's needs and provide them with safe and effective care. New staff participated in a period of training and shadowing more experienced staff as part of their induction.

Staff supported people to have sufficient to eat and drink; when necessary, people were assisted with their meals and special diets were catered for. People's individual needs were assessed and care plans were developed and reviewed. People's dignity and privacy was respected; staff were kind, caring and compassionate.

A complaints procedure was displayed; people and relatives knew they could complain if they felt it was necessary. Staff felt supported by the management team; support and supervision was provided to staff. Audits were carried out to ensure people received safe and effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's care needs and any risks to their safety was assessed and reviewed. Enough staff were available to meet people's needs in a timely manner. The providers recruitment procedures were followed to ensure prospective staff were suitable to work with people at the service. People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had participated in training. Staff understood the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's dietary needs and preferences were catered for; drinks and snacks were available throughout the day. People were assisted by staff and had to appropriate access healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People and relatives thought the staff were kind, caring and compassionate. Staff recognised the need to maintain people's dignity when they received aided with personal care. Staff had developed good relationships with the people they looked after. Staff encouraged and supported people to retain as much independence as possible by doing what they could for themselves.

Is the service responsive?

Good

The service was responsive.

Activities were varied and offered to suit people's individual needs and preferences. People's care plans reflected their individual needs and how these were to be met by the care staff. People and their relatives felt involved with their care. There was

a complaints procedure in place and people and relatives felt assured concerns would be listened to and action taken.

Is the service well-led?

Good

The service was well-led.

The service was led by a manager who was open, supportive and approachable; the manager was in the process of registering with the CQC. Systems and processes were in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service.

Ridgeway Nursing 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 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 inspection took place on 5 and 10 April 2017; the first day was unannounced. The inspection team comprised of one inspector and an expert by experience who had specific experience of older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed 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.

We spoke with seven people who used the service and six relatives. We also spoke with a nurse (who was the deputy manager), two care staff, an activities coordinator, two kitchen staff, the manager and the operations manager. We spoke with a visiting healthcare professional, the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents; staff training records, four staff recruitment files, health and safety audits and medicines records.

As not all of the people living at the service were able to fully express their views about their care, we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "It was getting difficult to manage at home I was slowing off. It is better here; yes I feel safer I use my 'ding dong' to call for help, if I wanted staff to help me they would do." A relative said, "They look after [relative] here, at home [relative] went wandering she's safer here."

Staff told us they were aware of their responsibilities regarding keeping people safe. They were able to tell us what constituted abuse and what their duty of care was in respect of reporting potential concerns and keeping people safe. They knew who to contact should the need arise and were clear they would do so should they be concerned about anyone. All the staff we spoke with told us the people at the service were well cared for and were kept safe and free from harm. Information relating to local safeguarding procedures was visible and clearly displayed on noticeboards People were protected from the risk of abuse; staff recognised their responsibilities to safeguard people.

Equipment servicing records were kept up to date and showed equipment, such as fire extinguishers were checked. Equipment used to assist people to move safely was periodically checked and in accordance with current health and safety guidance. There were procedures in place to deal with unforeseen incidents and emergencies. Personal emergency evacuation plans had been completed and available in the event of an emergency, such as a fire. This showed health and safety was considered and specialist equipment was fit for purpose.

Accidents and incidents were reviewed, monitored and analysed to identify any patterns or trends, to prevent reoccurrences of similar incidents. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. Where it had been identified people were at risk of falls, we saw prompt referrals had been made to appropriate professionals for advice in how best to support people. People's care plans included relevant risk assessments to inform and guide staff on how best to support the person and measures were in place to reduce potential risks.

People and relatives told us there were enough staff to meet their needs. One person said, "If I need staff I'd ring the bell, I don't have to wait long. I'd ask for help with my zimmer if I needed it. They know me so they come and help me, they help me wash, shave, yes there's enough staff." A relative said, "Always three or four carers in the dayrooms during the day and always someone to talk to easily; you didn't have to go looking for staff." We saw when people requested assistance staff were available and provided help and support in a timely manner; staff rotas confirmed there were enough staff available to meet people's needs and ensure their safety.

Staff records showed pre-employment checks were carried out before staff began working at the service. Checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident that staff had been screened as to their suitability to care for the people who lived at Ridgeway Nursing Home.

People received their medicines as prescribed and effective systems were in place to ensure medicines were safely managed. People we spoke with told us they received their medicines when they needed them. We looked at the arrangements in place for the storage and administration of medicines and found these to be safe. There were suitable arrangements for the safe storage, management and disposal of people's medicines, including medicines subject to special controls.

We saw medicines were provided in a pre-prepared 'pod' type system which was administered by nursing staff who had received training. We saw staff safely administer medicines and saw when people were offered their medicine they were not rushed. People were offered an explanation as to what each medicine was and what it was for. We saw information and protocols regarding the use of 'as required' medicines. Medicine was stored safely and securely and records showed current legislation and guidance was followed. This showed medicines management was taken
seriously and people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt staff knew what they were doing. A relative told us when their family member was ill a staff member ensured they were available to meet their needs. They told us, "[Family member] has good care, now we don't worry."

Staff understood the need to gain people's consent and agreement before they provided them with care. A relative told us, "The staff hold [family member's] hand; they tell him what they're doing before they do it so that they don't frighten him." The manager and staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager ensured applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When necessary, the manager had made applications for assessment and authorisation to the local DoLS team. Records we looked at showed where people lacked the capacity to make decisions regarding their care and treatment, the MCA had been followed. This included carrying out mental capacity assessments in consultation with the individual, relevant people and professionals. A member of staff said, "Where DoLS are in place it is obviously because of the restrictions and to keep people safe." Another member of staff said, "DoLS are in place to keep people safe; some people also have one to one staff to help keep them safe." We saw there were policies and procedures in place for staff to follow in relation to the MCA. A staff member said, "Best interest care plans are in place for people's decisions and who are unable to give their consent." The manager and staff understood the importance of acting in people's best interests and people's legal rights were being maintained when they lacked capacity to make decisions.

Staff told us and records supported their participation in training deemed necessary by the provider. Staff were able to list a selection of courses they had attended, for example, safeguarding people and medicines administration. Staff told us they were supported and encouraged to participate in training. One staff member said, "We go on training to allow us to do our jobs" A healthcare professional told us they had worked with staff to develop a course specific to meet people's needs. The healthcare professional saw this as a positive approach to training and ensuring the service could meet people's needs.

New staff completed a period of induction and shadowing more experienced colleagues. A new member of staff had only recently been employed at the service; they told us they were shadowing a senior carer and would be doing so for two weeks. We saw new staff also completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills non regulated health

and social care workers should consistently adhere to. There was a system in place which identified what training staff required and when staff were due for refresher training. This showed the provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

We saw the service was well maintained and any repairs were dealt with in a timely manner. We spoke with the manager, and we saw, the building had been through a gradual refurbishment. The manager believed the refurbishment had been beneficial to people's well-being. The manager had identified the upstairs bathroom was underused as it was not easily accessible for people with limited mobility. They told us there were plans to continue with the refurbishment and they were in the process of gaining quotes to update the bathroom into a wet-room. This showed people's needs were met by the adapted and refurbished service.

Everyone – people, relatives and staff, highly praised the food being provided at the service. They described meals as, "It's brilliant!" and, "Really good". Both meat and vegetarian options were available. One person said, "The food's okay. I used to be chef so I know; the pastry is good." They continued and said, "I'm not much of a meat eater so I have vegetarian options and they are good. It's a good balanced diet here; well cooked." A relative said, "There's always a sandwich or a hot drink."

Mealtimes were a pleasurable and social event. The tables were nicely set with flowers and napkins with menus on the tables. There were choices for breakfast, lunch and dinner. People were offered choices of food and they could also sit where they liked , in the dining room, in one of
the lounges or in their bedrooms. Where people required assistance with eating their meals we saw staff provided support in a patient and helpful manner. Staff took time to sit with people and gave them appropriate prompts and encouragement.

Catering staff were knowledgeable about people's dietary requirements. For example, some people needed their food fortifying to support their energy and weight requirements. Catering staff were able to describe effective ways of achieving this. They had an updated list of people's nutritional requests and assessment scores and knew about the risks to people from malnutrition. People were assessed and monitored with regard to their risk of malnutrition and dehydration using a recognised assessment. This assessment tool is nationally recognised and known as the multi universal scoring tool (MUST). We saw staff used the assessment to ensure people received the necessary assistance and supplements in relation to hydration and nutrition. A healthcare professional told us the service had a, "Full team approach," to ensuring people have the correct food, drinks and supplements. This showed people's individual needs in relation to food and drink was supported at the service.

People and visitors we spoke with felt health needs were being met at the service. People told us they would see their doctor or other health professional as and when they needed to. People and relatives told us if someone felt ill, a member of staff called for the doctor to visit. A relative also told us the staff had ensured their family member was visited by a dentist when they had moved to the service. Another told us, "When [family member] was poorly, staff called the doctor and told
us they had called the doctor." A visiting healthcare professional told us they were, "Confident staff follow any actions needed," to support people's healthcare needs. They told us the staff contacted them to arrange for assessments of people to ensure their needs were being effectively met.

Good

Is the service caring?

Our findings

Staff were kind, caring and compassionate towards people. One person said, "The staff are very considerate." A relative said, "I like this home; the staff are very kind." They said their family member, "Looks clean, [relative] clothes are always nice," Another relative said, "We are happy and [family member] is happy – and that's what matters." A healthcare professional described the service and staff as, "Caring."

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff were able to tell us how they promoted privacy when they supported people with personal care. For example, by closing doors and curtains and by explaining what was happening and gaining people's agreement and consent before helping them. We saw staff knocked and made themselves known before entering people's rooms. We saw there were signs in place on the bathroom and people's doors, which alerted staff and visitors as to whether the person was receiving personal care and did not want to be disturbed.

We saw and were told the service had participated in the 'National Dignity Action Day'. This is an annual dignity event, where there is an opportunity for health and social care workers, and members of the public to show they uphold people's rights to dignity. As part of this event services can choose to take part in a 'Digni-Tea." A staff member told us they had taken part in the dignity day and saw it as an opportunity to "Have a cup of tea and discuss what dignity means and how to promote it." This demonstrated to us staff took dignity and privacy seriously.

Staff supported people to meet their choices and preferences. People were supported to remain as independent as possible, by encouraging them to do as much for themselves as possible. For example, we saw a selection of cereals were on a dresser in the dining room. This meant people had a visual prompt to choose a cereal for breakfast; it also gave them the opportunity to prepare an element of their own breakfast. This meant, however small, people had the opportunity to maintain a level of independence.

We saw staff greet relatives in a way which indicated they knew them well and had developed positive relationships. We saw relatives visited at varying times during the day. People choose where they spent their time during the visits. We saw some people choosing to meet in the communal lounges and others in their bedrooms. Relatives told us they were always made welcome and encouraged to take an active role in their family members care.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt involved. We were told staff understood how to meet people's needs effectively. People and relatives felt care was person centred and included individual choices and preferences. One person said, "I'm not treated as a number but as a person going through the ageing process." The staff and manager promoted a person-centred culture at the service; they were familiar with people and their specific needs and preferences. People told us they received regular visits from friends and relatives; during our inspection visit, we saw visitors coming and going throughout the day.

People were provided with a range of group and individual activities. People said they were able to participate in hobbies and interests of their choice and records showed these were arranged. For example, pet therapy sessions, themed days and games. The provider employed one full-time and two part-time(newly appointed) activities coordinators. The manager told us the newly employed coordinators had been appointed following suggestions made by people and staff to increase the amount of activities on offer.

The activity coordinator told us they chatted with people and relatives and ensured they read each person's personal profile to find out any specific likes and dislikes. They then tried to find activities to match these. They told us some people chose not to join in the group activities and preferred to spend time in their rooms, where they had their own radios and televisions to use. The activity coordinator recognised the importance of respecting people's individual choices and preferences.

A staff member told us meetings were regularly organised with people, staff and relatives (who wanted to attend). They told us the chef would also try to join the meetings to discuss particular meal requests with people. In these meetings people were given the opportunity to feedback
on different things like the food preferences and likes and dislikes in activities in other areas. The staff member told us through the meetings they discovered a number of people liked animals, as some had been farmers or farmer's wives. As a result of this they organised some pet therapy and brought in different animals including a lamb, a kitten, a dog, a rabbit (who lived outside) a duck and a Shetland pony! The pony came inside and we saw photographs which showed people enjoyed this experience visit.

The staff we spoke with were knowledgeable about the people receiving care at the service. Staff knew people's care and medical needs, and what was significant to them in their lives. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. We saw handover records were completed each day and provided a brief resume of significant information and promoted continuity for people and their care.

Staff spoke in a positive manner about the people they supported and cared for; they had taken time to get to know people's preferences and wishes. Staff had a good knowledge of people's care needs and this was demonstrated in their responses to people when they required assistance.
People told us staff supported them in the manner they needed and preferred. When asked if people received the care and support they needed, relatives confirmed this. One relative said, "Yes the staff are

positive, very kind and patient. [Relative] said he didn't want to get up this morning so they let him sleep in a bit."

People's needs had been assessed before and after admission to the service. Each person had a detailed care plan tailored to meet their individual needs. People's care plans were personalised and reflected their identified wishes, preferences, goals and what was important to them. They contained details of people's personal history, interests and information for staff regarding how they wanted their personal care and support provided.

People's care plans were reviewed on a regular basis and reflected any changes in the care and treatments people needed. For example, we saw when people had been visited by a healthcare professional and treatments altered, their care plans had been amended and updated accordingly.

People and relatives opinions were sought about the service being provided. People and relatives told us they had opportunities to provide feedback on the quality of their care. This was done through surveys of people's views, reviews of people's care, by speaking with care staff, and talking with the manager. The manager told us and we saw minutes of meetings which had taken place. There was also a newsletter which was provided. This contained information on what was happening in the service, any feedback they had received and what actions they planned to take to improve the service. This demonstrated views and suggestions of others in how to improve the quality of the service was listened to and sought.

People and their relatives praised the staff and the service in general and everyone told us they had no concerns regarding the care and support being provided. They were aware the provider had a complaints procedure. People said they knew who to speak with if they had any worries or concerns about the care or service they received; this was echoed by relatives. People and relatives were confident any issues or concerns would be listened to, acted upon and dealt with by the manager. One person said, "I have never had to complain; I have had to realize that I'm not the only one being cared for and that goes a long way doesn't it." A relative said, "If I had a complaint I'd speak to the manager. I have no complaints." We saw the provider had a complaints procedure which was clearly displayed.

Good

Is the service well-led?

Our findings

There was a manager in post at the service; they had started the process of registering to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they liked the manager; relatives we spoke with knew the manager by name of spoke of them with high regard. During our inspection visit we saw and heard the manager greeted relatives with familiarity; this was evident as they asked about other family members and their welfare. One person's relatives said, "[Manager] is brilliant." They went on to tell us they felt, "Reassured now; [manager] makes sure [relative] has what he needs."

Staff we spoke with described the manager as, "Helpful," "Approachable," and, "Supportive." Staff recognised the management team had a job to do and acknowledged positive changes and improvements had been made. One staff member said, "Team work is definitely on the up – it has improved." Another staff member told us they felt involved in the service and said, "[Manager] has made some positive changes." Another staff member said, "[Manager] listens; any queries are dealt with promptly."

The manager was supported by the provider's operations manager; they had implemented quality monitoring systems to monitor and improve the quality of the service being provided. Regular service audits were completed in areas such as falls, pressure relieving equipment, accidents and care plans. The manager also conducted a daily 'walk round' of the service; this gave the manager an opportunity for on-going audit and evaluation of people and their care. The walk round also gave the manager an overview of any on-going maintenance and re-decoration.

Members of the management team carried out observations to monitor how staff delivered care and ensured people who used the service were satisfied with the service they received. The manager recognised the need for continuous improvement and monitoring of the service they provided. We saw an analysis of incidents and accidents took place. The manager and operations manager looked for any emerging patterns or trends to help reduce the likelihood of similar incidents happening again. The manager understood their role and responsibilities and sent written notifications to the Care Quality Commission to inform of important events that had taken place, as they are legally required to do.

The provider had policies and procedures which outlined what was expected of staff when supporting people. The provider had a whistleblowing policy which supported staff to question the practice of others and assured protection for any members of staff should they raise any concerns. Staff assured us, if they had any concerns they knew how to report them. They told us they felt confident the manager would take appropriate action. This showed the staff recognised the need to promote an open and transparent culture at the service.

There was an on-going program of training and supervision for all staff. Staff told us they were aware of the need to complete training, to keep their knowledge, skills and understanding updated. Staff told us that they received effective support and supervision from the manager. Supervision is a process where staff meet with their line manager to discuss their work performance and any training and development needs. We were also made aware the management team had implemented an award for staff recognition – 'Staff employee of the month award'. The staff we spoke with thought this was an effective way of recognising staff success.