Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ridgeway Court Care Home

2-4 Dudley Road, Sedgley, Dudley, DY3 1SX

Date of Inspection: 12 December 2012

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Midland Property Trust Fund
Registered Manager	Mrs. Iris Worrell
Overview of the service	Ridgeway Court Care Home provides personal care to 39 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Meeting nutritional needs	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

There were 25 people living at the home at the time of our inspection. We spoke with six people, three relatives, five staff, the manager, owner and a visiting professional. One person told us, "This is an excellent home; staff are very kind and work hard to make sure people get the right care".

People who use the service are supported to make choices about the care and support that they receive, such as the times they get up, what they eat and the things they like to do.

We saw positive interactions between people living there and the staff team, staff spoke with people regularly, and we saw people responded to this. The atmosphere was friendly and relaxed.

Relatives we spoke with told us positive things about the care and support people received. A relative said, "This is an excellent home, staff are very kind and work hard to make sure people get the right care".

Staff we spoke with presented as skilled and knowledgeable and knew how to support people and how to meet their specific needs, such as supporting them to eat and drink enough.

There were systems in place to make sure that people could be assured that their care and support was reviewed and monitored.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The people living there can express their views, and are involved in making decisions about the support they receive.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. One relative said, "I am fully involved in discussing moms care, I see her care plan and can make suggestions".

We saw people were treated with dignity and respect. We saw staff sat and spent time with people, and spoke to them in a positive and respectful manner. One person said, "The staff are excellent, I think we are really lucky". Another person told us, "They always ask me what I want, when I want it and how I want it, very respectful and kind".

People who use the service were given appropriate information and support regarding their care or treatment.
Care plans contained detailed information about people's care and support. We saw that people and their relatives had been involved in agreeing these so that people received care and support in a way that they preferred.

Some people had very complex needs related to their dementia. Their care plans detailed how they should be supported to maintain their independence as far as they were able to. We saw that staff were very attentive to peoples needs. A relative told us, "The care plan shows how mom likes things done, this is important because she can't tell them".

We saw that staff knocked on people's bedroom and bathroom doors before, and a screen was placed around a person who had a private consultation with the nurse. This ensured people's privacy and dignity was respected.

Relatives told us that they were always invited to people's reviews to discuss their care and support. We saw there was a high level of activity with family members in the home most days. Both relatives and people we spoke with said they were very happy with their care.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People receive safe and appropriate care that helps to promote their health and well being.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with two visiting relatives, one told us, "I am fully involved I see the care plan and they ask me if there is anything in it I don't agree with or something that needs to be in it". Another relative told us, "They always ask me and mom about the care she needs, we see the care plan and know what to expect".

We spoke with a further three people who lived there. People told us about the support they received and we saw that this was reflected their care plan and records. This meant they had the care they needed in the way they wanted.

We spoke with three staff and found they were well aware of people's needs. Any risks to people had been identified, such as the risk of weight loss, falling, and deteriorating health. We found staff understood how to minimize the risks and knew how to respond to changes in people's health and promote their safety.

We looked at the care records for two people and saw that the person or a relative acting on their behalf had signed their care plan to show they were involved in it and agreed to it.

We saw that people's care records were regularly reviewed and included important recommendations from other professionals. For example the district nurse for wounds and pressure relief. We spoke with the district nurse who told us, "They are really good, they have embraced the guidance we give, communicate well with us and follow the advice, and we are really pleased". This meant that people's health care was promoted, and they had regular contact with other health professionals.

We observed that people enjoyed a several spontaneous activities throughout the day such as singing and game playing. One person told us, "I go out to the shops with staff to shop when I want to". We saw that staff offered a high level of one to one interaction with people, sometimes sitting and chatting at other times supporting them to eat chocolate buttons, take a drink or change their position. We observed staff were proactive in responding to people's needs. It was evident from the participation of the people that a strong feature of the staff was supporting people who had dementia to engage and communicate.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

A relative we spoke with said, "My mother would not be alive now if she had not come here, the staff have been outstanding, making sure she eats and drinks, she has put weight on and is doing really well". A person living there told us, "The food is really good and there is loads of snacks and drinks we help ourselves to".

We looked at two people's care records which showed that people's needs in respect of their diet and drinks had been clearly identified. We saw nutritional assessments had been carried out to identify the level of risk for each person. Eating plans were in place which provided specific guidance to staff as to how to support the person to eat and drink enough.

Each plan included recommendations from both the dietician and the GP on how to promote the person's food and drink intake. We saw that where people needed, they had a 'food box' as recommended by the dietician, on a small table beside them. In the food box we saw various items of 'finger foods' such as jam sandwich, cake, crisps, chocolate and buttons which people could eat throughout the course of the day. We observed staff regularly sat with individual people and helped them to eat something from their food box.

We saw the manager had been very proactive in promoting people's food intake. For instance there was a food table with various finger food items which we saw people approach and help themselves to 'snacks'. This ensured that as well as the main cooked meals, food was constantly available to support those people who had difficulty in maintaining their weight.

We saw at lunch time that people who required support with their meals had one to one support from a staff member. We saw staff assisted each person at a pace that suited them, in an encouraging manner. Staff were patient and did not rush people, there was sufficient staff to support people to eat whether they ate in their bedroom or lounge/dining area. This meant people had their meals whilst they were hot and had the support they needed to eat enough.

We spoke with one member of staff who told us that they had completed training in nutrition. We saw that the staff team all practised in a way that reflected their skill and understanding of the importance of nutrition. We saw staff supervision records and found the manager actively promoted nutrition amongst the staff team, through regular 'study

sessions' to aid their knowledge.

We saw from people's weight records that they had been weighed on a regular basis which meant staff monitored their weight and any associated risks. Records showed that appropriate advice had been sought from the GP with regard to supplements to increase people's nutritional intake. This meant that the risk of malnutrition had been reduced.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people who lived in the home but their feedback did not relate to this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw from the training matrix staff had received safeguarding training.

We spoke to three staff and they showed us they had a good awareness of what should be reported. They also understood how and to whom any allegations should be reported, so that they would be investigated and people protected. The manager advised us that a safeguarding concern had been investigated earlier in the year. As a result of this staff had attended manual handling training to ensure they supported people appropriately.

A relative told us, "This really is an excellent home, they go out of their way to care for people, and I've every confidence in them".

We saw from care records that the provider had ensured that the where a person lacked capacity to make their own decisions, their family had been fully involved in this. We spoke with three staff who confirmed they had Mental Capacity Act 2005 (MCA) training and the Deprivation of Liberty Safeguards (DoLS). Staff understood their role in assisting people who lived in the home who may be unable to make their own decisions.

We saw that staff understood the whistle blowing policy and told us how they would use this to share any concerns they had about the wellbeing of people who lived in the home.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We were unable to speak directly to all of the people about how well staff delivered their care, because of some people's communication needs. Instead we observed how staff carried out their care tasks, and how people receiving the care, responded.

A visiting relative told us, "The staff are really well informed and explain things to me when I ask; I have every confidence because I can see that what they tell me, they actually do".

We spoke with three staff, one told us, "Our manager is exceptional, and she is fully committed to the people we care for and makes sure we get the training and support we need to do the best for them". A relative told us, "The manager is outstanding; she makes sure the staff does a great job, and the staff team are second to none; trained, professional, caring and committed, they really are the best".

Staff told us they were supported to do their jobs and were happy working at the home. We saw staff received regular supervision to discuss different areas of their care practice and knowledge.

We saw all staff had regular recorded 'study sessions' to ensure they had up to date information about specific areas of their practice. The manager had identified 'champions' for dignity, nutrition, and infection control. This meant there was a clear structure and staff undertook specific areas of practice that they 'championed;' the results being clear to see especially in relation to their creative promotion of good eating and drinking. This meant that staff were appropriately supported to deliver good care.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people living there and others.

Reasons for our judgement

The people living there had been asked their views about the service. People told us that they had been asked about the care and support that they had received. One person told us, "They have meetings with us and our families and ask us what we think and what we would like".

We saw during our inspection that staff checked with people regularly throughout the day about all aspects of their care, if they were comfortable, had enjoyed their meal or if they needed anything. One relative said, "The staff are excellent, and the manager always asks us about improvements, we have regular meetings".

We saw records of meetings which showed people and their relatives had been consulted about their views. As a result many initiatives had been implemented, one being a memorial table and book to remember people who had lived there. This showed that people had been asked about the service being provided.

The manager had sought the views of people living in the home, relatives and stakeholders via the use of surveys. This meant there were systems in place to monitor the quality of service provided and make improvements. One such example being the refurbishment of the house.

Care plans showed the needs and risks of people had been identified and monitored to ensure people's needs and risks were managed appropriately.

We saw that there was a range of audits in place carried out monthly to check that equipment and processes were safe. Environmental and safety checks were carried out to ensure the facilities and equipment was safe for use. We saw that improvements had been made to ensure people lived in a comfortable environment; this included new flooring, a new boiler for the central heating system and decoration to communal areas.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care because accurate and appropriate records were maintained.

Reasons for our judgement

We saw and heard staff talking with people before they completed the daily records. They asked people how they felt about their food that day, if their health was ok, if they had enjoyed the activities and so on. This ensured people had been consulted for their views before records were written, thus ensuring records were an accurate reflection of the care delivered. It was particularly positive to see that staff undertook this level of personal one to one time with people to ensure they were happy, comfortable and informed.

The records for three people that we looked at held care plans and additional documentation in regard to meeting people's needs. Care plans reflected the personalised care and support that we saw staff provided to people during our inspection visit.

We saw people had plans in place that identified any risks to their health. These included eating and drinking plans. We saw that weight records were up to date and people had been referred to health professionals for expert advice. Recommendations had been included in people's care plans so that staff had the guidance they needed to meet the person's specific needs.

We found people's food and fluid intake was monitored and recorded. This ensured people were protected from risks to their health because care records accurately reflected their needs and risks.

We saw plans were in place where people required pressure relief for fragile skin. Risk assessments identified the type of care to be given and we saw people had the equipment they needed, which was in line with their care plan. A district nurse told us, "The staff here are really very good, always communicate with us and alert us to concerns, we are very confident they have the skills to meet people's needs".

We saw that people's care records were held securely in a lockable cupboard. This ensured people's right to confidentiality was respected and maintained because records were securely stored.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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