Review of compliance

Midland Property Trust Fund
Ridgeway Court Care Home

Region:	West Midlands
Location address:	2-4 Dudley Road Sedgley Dudley West Midlands DY3 1SX
Type of service:	Residential Care Home Service without Nursing
Date the review was completed:	February 2011
Overview of the service:	Ridgeway Court is a care home situated in two adapted properties, which have been linked via a connecting extension. A passenger lift provides access to the first floor. The home is on a busy road, close to local amenities and Sedgley town. It is on a main bus route and there is off-road parking at the rear of the building. The home provides care and accommodation for 39 older people.

Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that Ridgeway Court was meeting all of the four essential standards of quality and safety that we reviewed. However we have suggested minor improvement in one area to ensure compliance is maintained.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Management of medicines: We received information that people were not receiving their medicines as they should.
- Staffing: We were told that there was not enough staff to meet the needs of people living at the home.
- Supporting workers: We were told that a number of staff at the home were not trained in moving and handling.
- Complaints: We received information that suggested that people's concerns were not listened to and acted upon.

How we carried out this review

We reviewed all the information we hold about this provider. We asked for additional information from people who purchase the service on behalf of people who live at the home. We carried out a visit on 17 January 2011, we did not tell the provider before we visited. During the visit we observed how people were being cared for, talked to people living at the home, their relatives and staff. We also looked at a small sample of records relating to people who live at the home.

What people told us

Prior to our visit we received two anonymous concerns which indicated that the provider may not be complying with the essential standards of quality and safety. These related to: Staffing levels within the home, which indicated that not enough staff were available to support people using the service. Not all staff had received moving and handling training, so people who require moving and handling were not being supported in a safe way. People not receiving their medication as they should and complaints not being listened to.

We spent over three hours at the home. We spoke to five people who live at the home and three relatives. A number of people were sitting in the lounge area, they were well dressed, and everyone appeared well cared for. The home was clean and fresh. Throughout the visit all staff were observed to engage well with people. Everyone we spoke to said they were happy with the care they receive. People made some of the following comments:

“Very happy living here, if there was anything wrong I would tell you. The home is very clean, no complaints. They give me my medicines when I need them.”

“Nearly four years living in the home. The home is great. The staff are excellent, you can ask them for anything and if they don’t know they find out for you.You can go to the manager if you have any problems, she is excellent. They always give me my tablets and make sure I take them.”

“I have lived in the home for 12 months. It took a good while to settle in. Staff are very good. There are enough staff around.“

Relatives we spoke to told us that they were happy with the care provided to their relative. All said the staff were great and they were able to visit anytime of the day. They said they had no concerns about the number of staff in the home. They had no complaints and said the manager and all staff were very obliging. Relatives spoken to were clear that should they have any concerns these would be addressed by the manager.All the care staff we spoke to had received the required training in moving and handling along with other essential training, so that they had the skills to meet the needs of the people using the servce. There were 31 people living in the home at the time of our visit and care staff said there were sufficient staff to enable them to care for the people living there. Care staff were clear that systems were in place to increase staffing levels if necessary.

This means that people living at the home receive their medicines as prescribed. There are sufficient numbers of staff trained to meet their needs and they are confident their concerns would be listened to and acted upon.

What we found about the standards we reviewed and how well Ridgeway Court Care Home was meeting them

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

People living at the home are given their medicine safely when they need it. Overall, we found that Ridgway Court Care Home was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The home had sufficient numbers of staff available to meet the needs of people who were living there. There are systems in place to ensure staffing levels are reviewed as people's needs changes. Overall, we found that Ridgway Court Care Home was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider has a strong commitment to staff training and development. This means that staff should have the skills to enable them to care for people and meet their needs. Improvement in some training is needed to ensure that this remains the case. Overall we found that Ridgway Court Care Home was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People living at the home and their relatives were confident that should they make any complaints they would be listened to and dealt with. Overall, we found that Ridgway Court Care Home was meeting this essential standard.

Action we have asked the service to take

The provider was compliant in three of the outcome areas that we reviewed. Minor concern was identified in one area. We have asked the provider to improve this.

Other information

There are no outstanding improvement, compliance or enforcement actions in respect of this provider. This is the first review carried out under the Health and Social Care Act 2008.

What we found
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 9:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We received anonymous concerns that people's medicines were left lying around and they were not being supported to take their medicines as they should. We spoke to a number of people living at the home who were able to tell us whether or not they were receiving their medicines. They told us that staff always made sure they took their medicines. Comments included: "They always give me my medicines and make sure I take them." We spoke to relatives who said they had never seen medication lying around the home.

Other evidence

During our visit on 17 January 2011 we spoke to the manager and a number of care staff working at the home. The manager said medication is only given by senior members of staff. The care staff spoken with said they have never seen medication lying around the home. One person said: "The seniors always stand with the residents to make sure they take their medicines at the time prescribed." We spoke to one of the seniors who is responsible for giving medication, they said: "Some people will say leave them and they will take them, but I always check to make sure

they have been taken. Some residents are quite independent.” This means that some people are able to take their medicines independently with support.This member of staff also confirmed that they had received training to undertake this task. We looked at the record of one person living at the home. Prescribed medication for this person was detailed in their care plan. We looked at a sample of the medication administration records for this person. This showed no gaps in recording for the period looked at.This means that people were receiving their medication as prescribed.

Our judgement
People living at the home are given their medicine safely when they need it.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us they were well cared for by the staff at the home. One person living in the home told us: "I have lived in the home for twelve months. It took a good while to settle in. Staff are very good. There are enough staff around." One person's relative told us: "Mother has been in the home since March last year. The home is pleasant, clean no unpleasant smells. The staff are vey good. She seemed to have settled in. Totally pleased with the care. She is eating well and able to choose what she wants to eat. She had an infection when she first came in that was handled very professionally."

Other evidence

Prior to this review we received two anonymous concerns that staffing levels within the home was not sufficient to meet the needs of people living there. In particular the person raising the concern was concerned about a period in December 2010 where some people in the home had a viral infection. We contacted the local authority commissioning team, who are responsible for purchasing care on behalf of the people living at the home. They told us they had no concerns about the home.

During our visit we spoke to six staff including the registered manager. The manager told us there were 31 people living in the home. Two people were fully

dependent on staff for all their care needs, seven people needed two staff to attend to some of their needs. She said these needs were reviewed regularly, this is recorded and availabe for staff to see. Other people living in home required low level assistance in maintaining their care. The manager confirmed the usual staffing ratio to be five care workers plus an assistant manager and the manager on the morning shifts. Four staff during the afternoon shifts and Three staff during the night. Contingency plan for emergency situations were an additional staff on shifts if necessay from the home's own bank of staff. The manager said during the two week period in December 50% of people living in the home showed signs of a viral infection and that the staffing levels were increased to support this. This was corroborated by all the staff spoken with. The care staffing structure is supported by a team of ancilliary staff. Staff told us:

"Extra staff was put on. If we are struggling the manager will put extra staff on. We are able to say freely and she would deal with it."

" We are not short of staff. If anyone phones in sick we usually get cover. Bank staff will cover."

"During recent outbreak of virus -bank staff was brought in. We were not rushed we were able to get around and care for people as we should."

"The staffing levels are fine, there is enough for the current residents. Not feeling pressured, its fairly easy to work with the amount of staff we have."

On the day of our visit a number of people were sitting in the lounge area, they were well dressed, and everyone appeared well cared for. The home was clean and fresh. Throughout the visit all staff were observed to engage well with people. Meals were served on time and we observed staff supporting some people with eating and drinking. In addition we say staff supporting people to walk independently to the toilet as well as people who needed support with using wheelchairs. This support was offered in an appropriate manner. Everyone we spoke to said they were happy with the care they receive

Our judgement
The home had sufficient numbers of staff to meet the needs of people who were living there. There are systems in place to ensure staffing levels are reviewed as people's needs changes.

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We were told by the person who raised the concerns with us that a number of staff at the home had not received moving and handling training. The people living at the home and their relatives we spoke to had no concerns about how they were treated by the staff. We spoke to one person who needed support with moving and handling, they had no concerns about the way staff offered this support.

Other evidence

We spoke to care staff on duty at the time of our visit about the training they have had. All confirmed that they had received the necessary training to enable them to do their job. These included, moving and handling, infection control, dementia awareness, safeguarding, fire safety, food hygiene, health and safety and National Vocational Qualifications two, three and four in some cases. The relevant staff had received medication training, as well as management training depending on their roles and responsibilities. All staff spoken to said training was reviewed and updated annually. They said training is discussed during their supervision sessions, which are provided on a regular basis. This means that staff have the training and support to do their job. The training records showed that all staff, with the exception of one person had received moving and handling training. The manager said this was a new member of staff, who had certificated evidence of up to date moving and handling training from their last employment. Training for this member of staff is

planned for 21 February 2011.

We were told that updated moving and handling training has been planned for all staff for the coming year and that this training took place twice during the year.

During the visit we say staff supporting people to walk independently to the toilet as well as people who needed support with using wheelchairs. This support was offered in an appropriate manner.

We reviewed the provider's training records to assure ourselves that other specific training was being provided. We say that there was a strong commitment to staff training and development. Some staff had received Mental Capacity Act, Deprivation of Liberty and safeguarding training. All staff needs to receive these training to ensure that staff skills remains at the highest levels and to ensure compliance is maintained.

Our judgement
The provider has a strong commitment to staff training and development. This means that staff should have the skills to enable them to care for people and meet their needs. Improvement in some training is needed to ensure that this remains the case.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We were told by the person who anonymously provided us with the information, that the manager of the home did not address complaints when raised with her. People living in the home and their relatives that we spoke to, were not concerned about raising issues with the manager, should they feel the need to. They said:

"Very happy living here, if there was anything wrong I would tell you. The home is very clean, no complaints."

"Nearly four years living in the home. The home is great. The staff are excellent, you can ask them for anything and if they don't know they find out for you.You can go to the manager if you have any problems, she is excellent."

"Three years living here. No complaints. Very good meals and we have a good choice. No complaints."

"No complaints but would go to managers if we had any. The manager is nice and all staff are very obliging. If mom has to go to the hospital one of the carers goes with her."

Other evidence
The care staff we spoke to were clear that should they raise concerns with the manager they would be addressed. Care staff comments included:

“Any concerns we can go to the manager or assistant managers. We have two assistant managers and one deputy.”

“Any concerns we are able to say freely and the manager would deal with it. If we have any complaints she deals with it.”

The home has a complaints procedure and a record of complaints received is kept along with the outcome and action taken. Information on the complaints procedure was outdated. The manager is in the process of updating this. The complaints records looked at showed that where complaints are recorded they have been dealt with.

Our judgement
People living at the home and their relatives were confident that should they make any complaints they would be dealt with.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23	Supporting workers.
	Why we have concerns: The provider has a strong commitment to staff training and development. This means that staff should have the skills to enable them to care for people and meet their needs. Improvement in some training is needed to ensure that this remains the case.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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