

Northamptonshire County Council

Ridgway House

Inspection report

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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

About the service:

Ridgway is a residential care home that can provide residential care for up to 35 older people including people living with dementia, physical disabilities and sensory impairments. At the time of inspection 28 people were using the service.

People's experience of using this service:

- People told us they felt safe.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed before staff started employment, however, some staff had not had an DBS update for over 10 years. Staff did complete an annual form confirming they had no criminal convictions.
- People were at the centre of everything the staff did and were consulted about all aspects of their care.
- People told us staff were always available to meet their needs.
- Staff received suitable training to understand their roles and responsibilities and gain skills to complete their job.
- People had risk assessments in place. Each person's risks had been identified and had appropriate guidance to staff about how to safely manage people's risks.
- People and their relatives told us they received their medicines appropriately, staff were trained in medicines management and had their competency to administer medicines assessed before they were able to administer people their medicines.
- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices, health and diet, this meant staff had a good knowledge of each person, and their preferences.
- Staff were aware when people had dietary concerns and monitored and supported people to have those needs met.
- There were regular resident meetings held to discuss any changes, concerns or information sharing.
- Staff told us they received good support from the management team.
- People and relatives were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.

Rating at last inspection:

This was the first inspection of the service since their registration on 19 April 2018 with the Care Quality Commission.

Why we inspected:

This was a planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

Ridgway House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Our inspection was completed by 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 uses this type of care service. Our expert-by-experience had knowledge about dementia.

Service and service type:

Ridgway is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Inspection site visit activity took place on 2 April 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since their registration. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with seven people and six relatives to ask about their experience of the care

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

We spoke with six members of staff including the registered manager. We reviewed a range of records. This included four people's care records and multiple medication records. We also looked at four staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and this was confirmed by their relatives. One person told us, "I feel very safe with all staff." A relative told us, "We are totally 100% sure [persons name] is safe here."
- There were systems and processes in place to ensure people were safeguarded from abuse.
- Staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk.
- Staff had received training on safeguarding adults. The provider's safeguarding and whistleblowing policies provided detailed information and guidance for staff including contact details of relevant agencies to contact if required.

Assessing risk, safety monitoring and management:

- Staff recorded the temperature of hot water to protect people from scalding, however there were no written guidelines on what to do if the temperature become too hot. The registered manager agreed to document this immediately.
- Regular safety checks took place to ensure the premises and equipment were safe.
- A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency.
- People had risk assessments in place. Each person's risks had been identified and had appropriate guidance to staff about how to safely manage people's risks.
- All risk assessments had been regularly audited and updated when required.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed before staff started employment, however, some staff had not had an DBS update for over 10 years. Staff did complete an annual form confirming they had no criminal convictions.
- The registered manager had a clear oversight of staffing levels to ensure people's needs were met safely and timely. The registered manager reviewed staffing levels relating to the needs of people.
- People told us staff were always available to meet their needs. One person told us, "The carers are always around if you need them, I've never had to wait long."

Using medicines safely:

- People did not have individual PRN (medicines taken as required) protocols in place. The registered manager agreed to implement these immediately to ensure staff were aware of when to contact the GP if a

person took PRN medicine for a period of time.

- People and their relatives told us they received their medicines appropriately. One person told us, "I have a lot of medications, staff help me. I never miss a dose now."
- Staff were trained in medicines management and had their competency to administer medicines assessed before they were able to administer people their medicines.
- We reviewed people's medicine administration records (MAR charts) and saw that people's medicines were clearly documented and signed for appropriately.
- People's records included information on how they liked to take their medicine.
- Staff administering medicines spoke to each person, explaining and asking consent regarding their individual medicines. The process of administering medicine was thorough, this allowed staff to offer people the support they needed.

Preventing and controlling infection:

- Staff were seen to wear personal protective equipment (PPE) including gloves and aprons when they supported people with personal care and when serving meals and drinks.
- Audits were undertaken to ensure infection control measures were effective, which included a visual check on equipment to ensure they were in good working order and free from stains.
- Policies and procedures on preventing and controlling the spread of infection were in place.
- Staff underwent training on the prevention and controlling of infection.
- There were cleaning schedules in place. The environment appeared clean and tidy.

Learning lessons when things go wrong:

- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices and diet. For example, the home welcomed visitors from the local church to help offer additional support for people.
- Staff had a good knowledge of each person, and their preferences.
- The service used assistive technology to empower people to be more independent whilst maintaining their safety, and delivering high quality care and support.

Staff support: induction, training, skills and experience:

- Staff told us they received good support from the management team. One staff told us, "If I want support I ask and I get all I need."
- A relative told us, "Staff seemed to be trained well, they know what to do." Another relative said, "[Person's name] needs very skilful carers and we are absolutely happy with the way they are looked after here."
- A person told us, "Staff learned to listen and get on with helping me, I ask for specific carers and they often send them. I like polite and old fashion people." Another said, "I think carers are doing their job professionally, they obviously have numerous training, they seem to know what to do, they know how to use equipment and manage my medications."
- Supervisions were held with staff and where improvements were required, these were addressed with the staff.
- Staff told us that during their induction they work alongside members of staff and were provided with information about the service, including policies and procedures. A newly recruited staff member told us they had been supported well and were confident to raise any questions or concerns if they were unsure about any aspect of their role.
- Staff received suitable training to ensure they had the skills to do their job. In addition to undertaking training the provider deemed mandatory, staff had undertaken additional training relating to people's individual needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff were aware when people had dietary concerns and monitored and supported people to have those needs met. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.

- Care plans did not always contain the optimum amount of food or fluids a person should be offered per day. The registered manager agreed to document this immediately.
- People and their relatives praised the quality of the food. One relative said, "[Persons name] was losing a lot of weight previously, but they have put some back on since coming here, food is good, heartily and well cooked, we often eat to help [Persons name] with eating." A person told us, "Snacks are always offered, there are cartons of drinks all around, and hot drinks available anytime." Another person said, "I am very happy with all the food."

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager had good relationships with other agencies including healthcare professionals. This helped to manage and monitor people's care and help them to provide safe and consistent care.
- Staff were committed to working with other agencies to deliver joined-up care and support to people.
- Staff communicated well with each other, people and relatives. The management team ensured information from other agencies was promptly communicated to the staff team. A relative told us, "The communication here is brilliant."
- Reviews were undertaken with commissioning authorities to ensure Ridgway House continued to meet people's individual needs.

Adapting service, design, decoration to meet people's needs:

- Signage was in place throughout the service to help people. People's bedrooms had a photograph of them to assist them in identifying their room.
- The service provided equipment to support people's independence and the meeting of people's personal care needs. Family members were aware of equipment used to support their relative, which included shower chairs, hoists and bespoke chairs to meet individual's needs.
- There were different areas within the service for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

Supporting people to live healthier lives, access healthcare services and support:

- Care plans documented in detail any health care requirements that people had and clearly identified any involvement with healthcare services.
- The service has a GP who visited every Tuesday or when required. People were supported to see the GP as needed.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- Where people lacked capacity decision specific mental capacity assessments had been completed and best interest decisions made in consultation with the person, key professionals and relatives taking into

consideration legislation and people's wishes.

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People and their relatives told us they were happy with the support from staff. One person said, "I love it here." A relative told us, "From our first visit here we all liked it, this place improved greatly in last year under new management, we can see more young staff, and my relative loves them all."
- Staff completed training in equality and diversity. They were committed to ensuring people's equality and diversity needs were met and felt confident challenging discrimination.
- Staff were committed to ensuring people's needs were well met and often went above and beyond. A relative told us, "Staff go above and beyond, they sit with [relatives name] and chat with them, some [staff] come in on their day off." A staff member told us, "I just want to make people smile and help them be happy."
- Peoples care records contained a 'My life history' section, this had been completed with people to identify important information to them, their likes and dislikes as well as relationships, work history and hobbies past and present.

Supporting people to express their views and be involved in making decisions about their care:

- People's communication needs were fully documented in all care records, this supported staff to understand and communicate effectively with each individual person.
- There were regular resident meetings held to discuss any changes, concerns or information sharing.
- We saw staff supporting people to come out of their rooms to interact with others.
- Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People told us they were involved in all aspects of their care. One person said, "I heard about my care plan, but my son would know more about it, I think I was asked what I would like my day here to look like and I know that all about my medicines is in there." Another person told us, "Staff are friendly, understanding and they show concerns if I am not well. They talk to me softly and explain things."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives were positive about the staff and said they were treated with dignity. One person told us, "Staff help me, they are kind." Another person said, "I am a shy person, and carers come and sit and talk with me."
- A person wanted to be more independent with their breakfast, so the registered manager ensured there was a small jug of milk on the table, small pots with butter and jam opened and a toast rack for them to self-serve. By adapting the table to have smaller items the person could complete their breakfast independently.

- Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.
- Staff could tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom. We observed during the inspection that staff knocked on people's bedroom doors before entering and were consistent in asking people for consent before completing tasks.
- We saw staff interacting with people in a patient manner and promoting independence.
- Documents were locked away and computers were password-protected, to prevent unauthorised access to personal information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans reflected their individual needs. They detailed people's like, dislikes, preferences, routines, and how staff could best support them. People told us they were happy that staff knew what care they needed. One person told us, "I have my preferences heard, I don't think I will be comfortable around male carers so I always have girls."
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, people who were not always able to express their needs vocally were supported with individualised picture cards which could be used to support a person to make choices or make their needs/wishes known. Staff understood the Accessible Information Standard.
- A relative told us, "[person's name] likes to be busy, staff are very supportive so they give [person] clean clothes to fold, [person] seems happy to do that, they want to be useful." Another relative told us, "[Person's name] thinks they work here so staff made them a wage slip, this has made [person's name] happy and engaged. [person's name] now has a purpose to their day."

Improving care quality in response to complaints or concerns:

- People and relatives were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
- The provider had a complaints procedure, which was displayed on a notice board. The complaints procedure included information about external agencies who could support people with complaints.
- Complaints were investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible. Information gathered from complaints was analysed within the service and across the provider's other services. This enabled any lessons learnt to be shared.

End of life care and support:

- At the time of our inspection no one using the service required end of life support.
- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.
- The provider had recognised that further improvements could be made to the end of life care plan. For example, more personalised information regarding peoples wishes and needs.
- Staff received training appropriate to their role in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.
- People were at the centre of everything the staff did and were consulted about all aspects of their care. People's care was delivered as they chose and took into consideration their individual and diverse needs. A relative said, "They fully involve us, the managers are brilliant."
- The management team had a visible presence. We observed kind, caring and warm interactions between the registered manager and people. People looked forward to seeing members of the management team. A person said, "They [managers] are very helpful and effective."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, staff records and daily notes. Action plans were completed and reviewed to ensure all documentation was up to date and reflected best practice.
- People and staff, we spoke to all knew who the registered manager was and how to contact them. One person told us "[Registered manager] is lovely and I can speak to them whenever I want."
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- Staff received training to ensure people received support appropriate to their needs. There was a focus on developing staff to achieve better outcomes for people. The provider had supported Team Leaders to undertake leadership training, this equipped them with the skills to more effectively manage the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care. One staff member told us, "Staff are encouraged to voice any concerns, issues or changes we think would help."
- Staff and people told us they felt listened to by the registered manager. A staff member told us, "we [staff]

all work together to complete good care."

- A relative told us, "What I appreciate the most is constant updates, the key worker would call if I need to bring in something or if [person's name] had issues with their blood sugar-this cannot be ignored."

Continuous learning and improving care:

- Regular team meetings took place to give staff and people the opportunity to discuss the service, safeguarding issues, concerns and to have updates on any changes.
- The registered manager demonstrated an open and positive approach to learning, development and feedback. The registered manager implemented changes after the inspection to ensure good practice.

Working in partnership with others

- The registered manager attended care management forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.
- The service had links with external services that enabled people to engage in the wider community.
- A relative told us that staff had supported them to understand dementia better, this helped them understand their relative better and improved their relationship. Another relative told us, "We had a difficult situation to deal with, but it was noticed quickly, acted upon it, and they protected [persons name] they offered support not just to [person's name] but to us, I don't know how we or [person's name] would have been able deal with it without their guidance."