Anchor Hanover Group

Ridgemount

Inspection report

The Horseshoe
Banstead
Surrey
SM7 2BQ

Tel: 01737858950
Website: www.anchor.org.uk

Date of inspection visit:
18 July 2019

Date of publication:
02 September 2019

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
Ridgemount is a care home service without nursing for up to 66 older people, some who may have dementia. At the time of the inspection 44 people lived here. The home has three floors, with lift and stair access. The ground floor had two units each of which had 14 bedrooms; the first floor had two units each of which had 12 bedrooms; and the third floor had one unit which had 13 bedrooms. Each unit had separate communal lounge and dining areas as well as kitchenettes. The ground floor also contained a large conservatory where group activities could take place.

People's experience of using this service and what we found

Peoples experience of care and support had improved since our last inspection in 2018. The provider, manager and the staff team had pulled together to review the service and make improvements. As a result, all the concerns we had identified at the last inspection had been addressed. Improvements made included a review of how staff were deployed around the home, improvements in how people's medicines were managed, and the increased involvement of community-based health care professionals to support staff in meeting people's needs.

People were supported by staff who kept them safe from harm. They did this by identifying hazards to people's health and safety and put into place plans to minimise the risk of people coming to harm. Areas assessed included people's individual support needs, such as risk of falls, choking, or behaviour that may challenge, to environmental risks such as fire, cleanliness, infections and equipment failure. Contingency plans were in place to ensure people received care that met their needs in emergencies, such as if the building had to be evacuated.

Staff understood their roles and responsibilities when it came to protecting people from abuse. They were able to describe the signs of abuse and the action they had to take should it be suspected. The providers safeguarding policies gave guidance on the reporting process which was in accordance with the local authority safeguarding procedures.

People were kept safe because recruitment processes for new staff were robust to ensure they were safe to work with people who may be vulnerable. The deployment of staff ensured that people received the care and support they needed, at the time they needed it. Staff training and supervision was up to date and gave them the skills to meet people's needs. People received their medicines when they needed them, and as prescribed.

People told us they enjoyed the food, and that there was plenty of choice. Drinks and snacks were always available, and staff ensured that people received support with this when needed.

There were good links with outside agencies to ensure that people received joined up care and support,

such as if they had to go into hospital. Regular access to GP's and other health care professionals was also in place to keep people healthy or give them support if they became unwell.

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

People were supported by kind and caring staff, who had the time to build positive relationships with them. Staff enjoyed their jobs and treated people with dignity and respect. People's right to complain if they were unhappy was understood and supported by staff. Comments and feedback were sought out and used to make improvements.

Peoples preferences and support needs were recorded in comprehensive care plans. Staff knew people as individuals and gave care and support in accordance with the care plans. People had access to a wide range of activities to keep them from being bored, as well as to keep them fit and healthy.

The quality assurance processes within the home were now effective at picking up on areas that needed to improve and making the necessary changes to give people a better standard of care.
The manager, staff and provider were keen to drive continuous improvement that had a positive impact on people's lives.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 8 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ridgemount

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors 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.

Service and service type
Ridgemount is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering 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. The manager was present during the inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before visiting the service, we looked at information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service, and four relatives about their experience of the care provided. We spoke with the home manager, the provider's area manager and eight staff. We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
Following the inspection, we reviewed additional information supplied by the provider which included further evidence of positive changes that had been made to the service since our last inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. There had been breaches in the regulations because risks to people's health and safety and their medicines had not always been well managed. Additionally, the deployment of staff had meant that people's needs had not always been met. At this inspection, the rating for this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I don't sit and fret, I trust them (staff)." Another person said, "It's safe. The staff are friendly." People told us staff were always there when they needed them.
- Staff understood their responsibility to recognise abuse and protect people from harm. They were confident in raising concerns with the manager and knew the providers whistleblowing policy. One staff member said, "I have to report to the manager. I can also contact the police, social services or CQC if I have to."
- The manager tracked incidents to ensure potential safeguarding concerns had been appropriately actioned. The provider had updated their safeguarding policy in May 2018 and information on abuse and how to report it was readily available in communal areas of the building.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm because hazards to their health and safety had been identified and well managed. One person said, "There are windows restrictors for safety. I feel safe." Improvements made since our last inspection included a management review of risk assessments to ensure they had been updated after accidents, to minimise the risk of a reoccurrence.
- Areas of harm had been identified and action required by staff to reduce the chance of people coming to harm was recorded in risk assessments. For example, use of equipment to minimise the risk of falls; people having soft diets to aid swallowing; and techniques to support people who may become distressed due to their dementia.
- The hazards to people's health and safety from environmental risks such as fire were also well managed. These included personal emergency evacuation plans to ensure people could evacuate the building in the event of an emergency. Regular fire safety tests and drills were carried out to check equipment worked, that staff understood their roles, and people would be safe in an emergency.
- Risks that people may be exposed to while receiving care and support were also identified and managed. Many people required staff to support them with washing and bathing, with the associated risk of being scalded if the water was too hot. There was clear guidance for staff in each bathroom about checking the water temperature and what the safe temperature range was. This was supplemented by routine water temperature testing that took place across the building to ensure water temperatures were safe.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff

being employed. This included requesting and receiving references, and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

● There were enough staff to meet the needs of the people who used this service. One person said, "Yes, there are always staff about." Since the last inspection a staff allocation system had been introduced so that staff breaks were covered each day to ensure staffing levels were always maintained. During the inspection staff were seen to take time to sit and talk with people and respond promptly to people's request for support.

● The staffing levels were calculated on the needs of the people, and indicators such as call bell response times were routinely monitored by the manager to check those needs were being met. One person said, "I have two safety bells. I have used them. Yes, they come." The deployment of staff around the building was closely monitored by the manager and team leaders to ensure staff were always present when needed.

Using medicines safely

● Appropriate arrangements were in place for the safe administration and storage of medicines. Since our last inspection improvements made included increased checks on medicines management, increased checks on medicine storage temperatures to ensure it is within manufacturers recommended limits, and a review of people's medicine administration care records to give more detail on the care and support needed.

● Care records described the support people required with medicines and medicine administration records were regularly audited to ensure they were given as prescribed. Staff were appropriately trained, and a recent pharmacist advice visit had not identified any issues with the way staff managed and stored people's medicines.

● People were involved in the medicine process, and their choices where respected. One person said, "I know what the medication is." One person said they wanted to wait a few minutes before taking their medicine, staff respected this and continued with their medicine round, and then went back to the person when they were ready.

● When people were prescribed their medicines on an 'as required' basis, guidance was available for staff to follow. Records we looked at confirmed staff were following this guidance.

● People who had specific medicine requirements, such as those with insulin managed diabetes, had detailed care plans in place, and their blood sugar levels were taken by the district nurse to ensure they were within the normal range for the individual.

Preventing and controlling infection

● Systems were in place to protect people from the spread of infection. Staff had received training in infection control and equipment, such as gloves and aprons, were available throughout the service. One staff member said, "We are taught about the different colours of mops and everything." Coloured mops are a method to ensure that cross contamination was kept to a minimum.

● During the inspection staff were seen to following safe infection control practices, such as using hand washing sinks in the kitchenettes to wash their hands prior to serving food, or before giving out medicines. The management team also carried out monthly and spot-checks on staff's infection control practices to ensure they were working in a safe way.

● The cleaning and laundry teams had clear procedures to ensure the home environment, furnishing and people's clothing were kept clean. Toilets and bathrooms were free from clutter to make them easier to keep clean, and cleaning supplies were well stocked. One staff member said, "There is plenty of PPE (personal protective equipment) and cleaning fluids available. We get a supply on Monday and if we run out we only have to ask."

Learning lessons when things go wrong

● All incidents and accidents that occurred were reported to the manager or deputy manager and investigated. The manager and provider regularly reviewed them to check for patterns and to see that the action taken had actually worked to minimise the risk of it happening again.

● Where investigations identified trends or opportunities for learning, this information was shared promptly with staff at meetings and handovers to prevent similar events from reoccurring.

Good

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.

At the last inspection this key question was rated as requires improvement. This was because we had made three recommendations to the provider about staff training, people's access to health care professionals and how people's capacity to make decisions was recorded. At this inspection, the rating for this key question has now improved to good. This meant 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 needs were assessed before they started using the service. The information was used to develop care plans that instructed staff on people's preferences and support needs.
- People were supported to identify goals and aspirations, and these were carried over into the support that people received.
- The needs assessment also checked if any special action was required by the staff or provider to meet legal requirements. For example, use of specialist medicines or making adjustments to adhere to the requirements of the Equalities Act.

Staff support: induction, training, skills and experience

- Staff received regular supervision and appraisal to review their individual work and development needs. One staff member said, "We have six-weekly supervisions." Observations and competencies checks were carried out to ensure staff continued to meet the required standards. Since our last inspection staff training has been reviewed, and involvement of community-based health care professionals had been increased to ensure people received effective care that met their needs.
- Staff were knowledgeable and skilled in their roles. When they started at the home they received a comprehensive induction. Learning and development were continued with an ongoing programme of training. Training included dementia awareness, food safety, health and safety and completion of the Care Certificate. This is a national standard developed to give staff a good understanding of how to provide care and support. The manager monitored staff training to ensure they were kept up to date with current best practice.
- The effectiveness of staff training was checked by the use of reflective learning forms. These required staff to record three things they had learnt during training and three ways this would change how they worked. Staff also carried out observations on colleagues to identify how they interacted with people, and then give feedback. This resulted in reflective learning, with staff being able to understand how what they had learnt could impact the care people received.

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

- People had enough to eat and drink, and they told us they enjoyed the food. One person said, "The food is very good." During mealtimes the choices were plated up and shown to people. This enabled them to see the options and make a choice based on sight and smell, at the time the meal was being served.

● The menus were varied, and the chef had carried out a number of surveys to gather people's ideas and menu suggestions. Kitchen staff also visited people after meals to gain feedback. One of the changes that had occurred due to feedback was to make the main meal at lunch time, with a smaller meal in the evening.
● People were offered drinks and snacks throughout the day, and when they wanted them. One person asked for some toast, even though it was only one hour until lunch, staff didn't hesitate or query the request, they just made it for the person.
● People's dietary needs were identified in their individual care records, and support was given when needed. People's needs with regards to modified diets were known by kitchen and care staff. The chef was able to describe the nutritional needs of individuals and ensured food was prepared in a format they needed. The effectiveness of this was reviewed by people's weights being monitored by staff, and where this varied action had been taken.

Staff working with other agencies to provide consistent, effective, timely care
● The staff team worked in partnership with the people they supported, and community based mental health professionals as well as other healthcare professionals. This ensured people received effective support, such as working with phycologists to help people come to terms with changes in their lives caused by their medical conditions.
● People's changing needs were supported due to good levels of communication between the staff teams. Team meetings took place to share knowledge and information to ensure a continuity of care and support. This included shift handover meetings where staff from earlier shifts passed on important information about people's care and support to the staff just arriving.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare professionals to monitor their health , or to give support if they were unwell. One person said, "'I am registered with a local doctor. They are so pleasant. My son also can take me to the surgery."
● Care records detailed that people where supported to access health care professionals such as GP's should the need arise. A relative said, "He's healthier physically since he's been here. When he had a urine infection they called the GP. He had blood tests. They kept me informed all the time."
● Health care professionals gave positive feedback about the service. When people had to visit the hospital or surgeries, staff ensured important information was shared with these services to ensure individual preferences and support needs were understood.

Adapting service, design, decoration to meet people's needs
● The home was designed to meet the needs of people. The environment was well lit, the corridors wide and were fitted with rails to aid with mobility. The flooring was in good state of repair and free from obstructions. Bathrooms were accessible due to the presence of 'wet rooms' for people to have showers. For those people that preferred a bath, specialist baths were also available in some of the bathrooms.
● There were signs on communal doors including the bathrooms and toilets to help orientate people. There were also lifts to assist people who lived on the first and second floors to access the ground floor conservatory and outside spaces.
● A programme of ongoing redecoration and improvements ensured the home continued to meet peoples changing needs. At the time of the inspection one of the ground floor units was undergoing that process, and there was a clear plan in place for maintenance across the entire home.

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. We checked whether the service was working within the principles of the MCA.

● People told us that staff always asked their permission before giving support and they were involved in all decisions around their care. Improvements made since the last inspection included a review of every person's capacity to make decisions for themselves. This resulted in best interest meetings taking place where needed and the appropriate deprivation of liberty safeguard (DoLS) applications being made.

● Staff understood that people had the right to make decisions for themselves, and that time may be needed to enable them to do this. One staff member said, "I ask them if they are ready to get up or have personal care and if not, I will go back later. I always show people clothing choices, so they can choose."

● Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. Such as in relation to receiving care, medicines and having bedrails. Where people's freedom may have been restricted to keep them safe the manager had made the appropriate referrals to the local authority.

Good

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.

At the last inspection this key question was rated as requires improvement. This was because we made a recommendation to the provider about responding to people's experiences of the care they received. At this inspection, the rating for this key question has now improved to good. This meant 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 told us that staff were friendly and gave them the care and support in a way they wanted. People and their relatives were complimentary about the staff. One person said, "The staff are charming." Another person said, "The staff are brilliant. I can't praise them highly enough." A relative said, "The staff are friendly. This is definitely one of the best (homes). You only have to ask for something and it's done."
- Staff had developed caring and positive relationships with people. We saw many caring and respectful interactions between staff and the people they supported during our inspection. Staff were overheard to cheerfully sing to people to announce it was lunch time, or to say, "I love you." People were seen to smile and laugh at these interactions.
- Staff took time to sit and talk with people, engaging them in conversations about current events, or talking about their lives and experiences. From these conversations it was obvious that staff knew the people well. One conversation was about favourite drinks and staff were heard to ask, "Was that when you lived in [towns name] or Scotland?" One staff member said, "I like to see people happy and meet their needs. I hope I will get as well looked after when it comes to my time."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences so that staff could support them. Information on equality and diversity was clearly displayed on noticeboards, to encourage people to feel comfortable and safe talking about these issues if they wished.

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

- People were involved in how their care and support was given and wherever possible their preferences were respected. One person's care plan stated they only wanted female carers to give them personal care, and the daily records confirmed this had been accommodated.
- Conversations between people and staff demonstrated people had been involved in decisions. In relation to a medical assessment a person was able to talk about when it had been and what the outcome for them was.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected by staff, and staff only entered people's rooms when permission had been given. One person said, "Such friendly staff, and helpful. I was pleasantly surprised."

● Peoples dignity and independence was supported in the way staff worked. For example, one person took quite a while to move from their chair to the dining room (where they had chosen to have their lunch). Staff ensured they used their walking frame and walked beside them as they walked. At no time were they made to feel rushed. When they said, "Sorry," staff immediately said, "There's no need to apologise."

● Equipment such as plate guards were in use, so people were able to feed themselves with minimal staff support. People could do as much or as little for themselves as they wanted. One person said, "I usually give myself a jolly good wash. They help with the shower."

● Staff understood it was important to treat people with respect and dignity. When staff pushed the medicine trolley down the corridor one person said, "Sorry I have got in your way." Staff immediately said, "Of course you didn't," which the person clearly appreciated.

● Policies and procedures were in place to maintain confidentiality and staff understood the importance of this.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. There had been breaches in the regulations because peoples care had not always reflected their preferences, and the system for recording and handling complaints had not been effective. At this inspection, the rating for this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People told us they received care and support that met their choices and preferences. One person said, "I have seen my care plan. I have signed it and there's a long form that goes in my folder." Another person said, "I like it here, Staff help me when I need it, but I am also able to do things for myself. I can go outside everyday if I want, they are very good like that." People's care plans (which had been reviewed by the provider in response to our last inspection) contained detailed guidance for staff on how to meet people's individual needs and choices.

● Guidance was in place for staff to support people who may be at risk of social isolation, or with those who may have behaviour that may challenge themselves or others. During the inspection we saw staff regularly visited people who had chosen to stay in their bedrooms, checking they were okay and talking with them.

● Staff were knowledgeable about people and their needs. Daily notes completed by staff gave information about the support people had been given, their moods, and general state of health. A review of these notes showed that the care staff had given matched that specified in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Staff understood people's communication preferences, and ensured information was supplied in a manner that met those needs. People whose first language was not English had documentation supplied in a format they could understand, and access to people who could translate for them if needed.

● People's communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the persons preferred methods of communication.

● Documentation around the home had been printed in an accessible format for the people who lived here. Documents such as complaints policies, safeguarding information, health and safety information were all displayed in a way that people could understand, for example by using pictorial prompts to aid people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were complimentary about the range of activities on offer. One person said, "I go to the village. I like to walk and go outside." Another person said, "We go out to Brighton. I'm not bored." A relative said, "'He went to Brighton. There's always something going on. There's enough to do. The [activities staff names] are brilliant. The [staff] try to get everyone involved."
● Peoples access to activities had increased since our last inspection, and there was now a wider variety of things they could partake in. These included arts and crafts, baking, coffee mornings at other care homes, presentations, trips out to the coast and towns, as well as visits to local day centres and coffee shops in the nearby village. Activities were carried out in groups as well as on a one to one basis, depending on people's preferences.
● People were encouraged to take gentle exercise which was done in several ways, to support their mobility needs. In addition to chair exercises, people could also play games using an interactive computer game system. This projected large images onto surfaces which people could interact with, such as by throwing objects at moving targets. People were seen to enjoy the activity, trying to beat each other's scores.
● People were able to maintain relationships with friends and family because there were no restrictions on when people could visit. To help support people with their diversity, dignity and equality, Anchor facilitate a Lesbian, Gay, Bisexual and Trans (LGBT+) group. The goal of this group was to make Anchor services a safe and welcoming environment for people from the LGBT+ communities.

Improving care quality in response to complaints or concerns
● People understood they could make a complaint if they were unhappy about the service, and that their complaints would be responded to. One person said, "I would take my complaint to the manager or a team leader." Another person said, "Yes, what we ask is acted on."
● Information was provided to people and their relatives about how to make a complaint. This was displayed around the home. In addition to the policy there were posters that informed people that their feedback would be welcomed and used to improve the service for them. The providers complaints policy set out clear timeframes for responding to complaints and how they would be dealt with.
● The manager had reviewed and improved the complaints system since our last inspection. There had been two formal complaints made during the last 12 months (both in 2018). These had been thoroughly investigated by the manager and resolved to the satisfaction of the complainant.

End of life care and support
● The care and support people wanted at the end of their lives was discussed with them, their loved ones, and recorded in a sensitive way. No-one was receiving end of life care at the time of the inspection. The manager explained that people would be supported to remain at the home as they neared the end of their life if that was their wish.
● Where people had passed away, the staff supported families to come to terms with the loss and help them with the grief process.

Good

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.

At the last inspection this key question was rated as requires improvement. There had been a breach in the regulations because the management oversight of the home had not been consistent or robust enough to ensure continuous improvement. At this inspection, the rating for this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and the provider had developed a positive culture which valued the importance of providing a good quality of care. One person said, "I can speak with management. Yes, I would recommend the place." A relative said, "The management seems better [than it was at the time of our last inspection]. I can go straight to the manager to talk. In the year he's been here [managers name] has been the best."
- The manager valued the staff team. He said, "The staff attitude when I came to Ridgemount has made it so much easier for me. They understood that improvements needed to be made and were fully on board with making a positive change for the people that live here. The ethos of listening to their customers and their families was already important to them."
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member said, "I love my job. I love the people. I love sitting and talking to them." Another staff member said, "[Managers name] is very nice. Since he's come it's getting better and the food is now looking like proper food."
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The duty of candour was also demonstrated by the way the information from our last inspection report was shared with people and their relatives. The report was on display around the home, along with detailed information on the steps the provider had taken to correct the issues we had raised. Letters had been sent to people and their relatives to allay any fears they may have had by explaining the actions the provider had taken to improve the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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

● Staff told us they felt supported and respected in the work they did. One of them said, "[Managers name] is a gem. He looks after us. There's not a day that goes past when he doesn't come and find you and asks how you are." Teamwork was promoted to ensure staff were supported in their roles. One staff member said, "We work well together, and we pull together."
● The manager was visible around the home during our inspection, which made them available to talk to people and visitors, as well as to observe staff practice. Management observations of staff working practices reviewed key aspects such as health and safety, medicines management, infection control, and care planning to see if any improvements were required.
● The manager led by example. One staff member said, "He helps as well. He does the washing up if we're busy." This was not due to staff shortages but to enable them to demonstrate to their team what was expected of them.
● Staff were involved in making improvements and ensuring that a good standard of support was given to people. Staff roles included completing health and safety checks and ensuring fire safety on a day to day basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were fully involved in how the service was run. A relative said, "The management are very helpful. They couldn't help enough." Resident and relative meetings were regularly held, and feedback from websites was monitored and responded to if needed. One person said, "I go to residents' meetings." Relatives told us they were kept informed of when the meetings were to take place, and minutes of meetings were displayed around the home for people to review. Meetings were used to share information with people about changes to the home and seek feedback and people's opinions of the service provided.
● Everyone we spoke with said they felt fully involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had.
● Regular staff meetings took place to give them an opportunity to discuss any changes and raise any suggestions. Staff were also given opportunities to undertake additional training to expand their skills and knowledge.

Continuous learning and improving care
● Quality assurance processes had been fully reviewed and improved since our last inspection. A comprehensive action plan had been completed to review each of the concerns raised in our last inspection report. The manager and his team had then acted to address each point, resulting in people being more positive about the home, and receiving a better standard of care.
● The provider had ensured the home continued to improve because they had completed a review across their care homes and compared the results. The review included feedback from people and their relatives. The report demonstrated that there had been a steady increase in people's satisfaction with the care and support given at Ridgemount.
● The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

Working in partnership with others
● Developing partnerships within the community had become a high priority at Ridgemount, so people felt more involved in what was happening in their local area. Relationships had been created with local faith centres, schools, colleges, businesses and health services. For example, trips to the local ambulance station had been arranged to meet staff there and see how they work.
● These initiatives resulted in the people at Ridgemount hosting a 'blue light' breakfast event. This invited members of the local fire, ambulance and police services to come and visit the home for breakfast, as a

thank you for the work they did. The event was well attended, and people had really enjoyed hosting it and meeting the visitors.

● People continued to be supported to access healthcare professionals and community support groups. The partnership working also benefited staff because they were able to access training from local health care professionals. The local clinical commissioning group had visited the home and given staff best practice training in areas such as falls, urinary tract infections and sepsis.