

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

Ridgeway Residential Home

Salcombe Hill Road, Sidmouth, EX10 8JR

Tel: 01395516205

Date of Inspection: 12 September 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Ridgeway Residential Home Partnership
Registered Manager	Mrs. Sally Ann Keast
Overview of the service	<p>Ridgeway Residential Home provides personal care for up to 16 people over retirement age, who may have a physical disability. It does not provide nursing care. The home has installed a passenger lift. There is an accessible garden and several bedrooms have access to a large balcony. Bedrooms are on the ground and first floors. Most are for single use, with three rooms that can be used as double rooms. All rooms have en suite facilities.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

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

What people told us and what we found

This inspection was unannounced and took place on 12 September 2012. The visit lasted six hours and 15 minutes. We last visited Ridgeway in January 2011. No compliance actions were made on this inspection as the home was compliant under the Health and Social Care Act 2008.

The registered manager told us that there were 13 people living at the home. During this visit, we met with nine people who lived at Ridgeway and five people commented directly on their care. We met with people in their rooms and in communal areas. People looked well cared for and told us that the care provided by the service met their needs. We saw that people looked relaxed and staff had a caring manner. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us that their pain was well managed with their medication given to them on time.

People told us that they were happy with the standard of cleanliness of the home, and they were positive about their rooms and the standard of the décor. People that we spoke with told us that they had no concerns regarding the staff group that worked at the home and were positive about the quality of the care provided. They told us that there was little turnover of staff. There were enough qualified, skilled and experienced staff to meet people's needs. All the people we spoke with confirmed that they felt the staffing levels met their care needs.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We met nine people during our visit and five people commented directly on their care. People looked well cared for and told us that the care provided by the service met their needs. People told us they expressed their views and were involved in making decisions about their care and treatment. They talked to us about their decision to move to the home and how their lifestyle choices were respected by the staff. People told us that they visited the home before they moved to the home, and showed us written information about the home. We saw that the manager had completed a comprehensive assessment of their care needs before they moved to the home to ensure that the service could meet their needs appropriately.

The manager explained that the ethos of the home was to listen to people's views and support their choices. However, she was also clear that risks were explained to people when they made decisions which could be detrimental to their health. For example, we saw in one person's care plan that they could be reluctant to use their bed to sleep in and we saw guidance to staff to help them encourage the person to remain well. We also saw that the manager recognised that the role of health professionals and their role to help people make decisions and choices. We saw that people's wishes and preferences were respected in relation to the care being provided. This had been done with the individual and their relative's involvement but the manager told us that they would encourage more people, where appropriate, to sign their own plans of care rather than asking relatives to sign on their behalf.

Five people told us how their dignity was respected by staff who supported them with personal care. They told us staff helped them feel at ease while they supported them with personal care. People had a choice of a bath or a shower; the manager said they would ensure their preference was clearly recorded in their care plans. During our visit, we looked to see how people living at the home reacted to staff. We saw that people looked relaxed and several people had a joke with staff and the manager, who responded in a caring manner. We saw staff knocking on doors before entering people's rooms to maintain and respect people's privacy. We saw staff offering assistance in a respectful

manner. The home was clean and odour free, our conversations with people confirmed that this helped promote people's sense of well-being and dignity.

Five people told us about the choices that were promoted within the home, such as when they got up and went to bed. This was also reflected in people's care records. Five people commented positively on the choices available at mealtimes, which we saw recorded in the home's menus, and the quality of the food. They told us that they could ask for alternatives and gave us examples of the type of food they had requested. We could see in people's care plans that their food preferences, and general likes and dislikes were recorded. People also told us that staff respected their wishes as to where they ate their meals. During our visit, we saw some people chatting together over their lunchtime meal and other people eating in their rooms, which they told us was their preferred choice. People's dignity was promoted by attention to detail such as the dining tables being attractively set, complete with condiments.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Our conversations with people about their care needs, and our conversations with the manager showed that she knew people well and was sensitive to their emotional needs, as well as their physical care needs. One person commented that the home was "a marvellous place". We looked at two care plans for people living at the home and an assessment for someone who had recently moved to the home. These were personalised and provided detailed guidance about how their care needs should be met. The information showed that each person had been involved in their plan of care and/or assessment of care, which people confirmed when we spoke with them.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans had personalised risk assessments in place, which provided guidance to staff about how each person should be supported to help reduce the risk, such as preventing damage to people's skin. We saw during our visit that people were using pressure relieving equipment and people told us about the equipment that they used.

People's health care needs were documented in their records and their contact with health professionals was recorded. Five people told us that they had good access to health professionals, and some people said they had regular contact with the district nursing team to help manage their chronic health needs. The manager said they were well supported by health professionals, and she told us about training and advice that the staff had received from nurse trained in end of life care.

Five people told us about how they spent their time in the home. One person showed us a printed list of the activities planned for the month. Several people said they preferred their own company but some other people said they appreciated the activities provided by the home, such as quizzes and external entertainers, although one person said they wished more people participated in social events. The manager told us that they worked closely with people living at the home to arrange family events to celebrate birthdays and anniversaries. We heard the manager confirming arrangements with one person about a forthcoming family social event.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately. People told us that their pain was well managed with their medication given to them on time. Medicines were safely administered. At lunchtime, we heard staff talking to people about their medication to ensure they understood what they were taking and waiting to confirm that they had taken their medicine, which was good practice. We saw from training certificates that staff had undertaken medication training and the manager told us they were well supported by the local pharmacy. The manager told us that currently nobody living at the home self administered their medication. However, she explained that she had a self medication assessment available, if people's wishes changed. People told us that they were satisfied with the current arrangements.

Appropriate arrangements were in place in relation to the recording of medicine. We checked a range of medication administration records and saw that they were generally completed correctly. We checked the records for controlled drugs and saw that they were recorded in an appropriate book, with two signatures when medication was administered. We spot checked the balance on several medicines and found these were correct.

Medicines were kept safely. We saw that people had individual locked cabinets in their rooms; several people commented that they were happy with this arrangement. We saw that other medication was also stored securely in a central location. The manager planned to check the temperature of this location where medication was stored to ensure that it was within the correct limits. The manager told us that the medication fridge was new and she showed us how the temperature was monitored to ensure that medications were kept within the temperature guidelines.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. People told us that they were happy with the standard of cleanliness of the home. Since our last inspection, there has been significant investment in the home, which has resulted in all rooms having en-suite facilities. A passenger lift had also been installed making the home more accessible for people with a physical disability. Further investment has included a wet room with a walk in shower, and the manager said that a new specialist bath had been ordered that again would be suitable for people with a physical disability. People told us they were happy with the facilities at the home.

Several bedrooms on the first floor now have access to a large balcony complete with chairs and a table, and one person told us how much they enjoyed using this area and watching the birds. People that we spoke with were positive about their rooms and the standard of the décor. People had decorated their room with personal items, and several people showed an obvious pride in the appearance of their room. We visited seven bedrooms and they were all maintained to a high standard. The manager showed us an eighth bedroom, which was vacant, and explained how they took time to match soft furnishings to create a welcoming room.

We completed a tour with the manager and we saw that the standard of décor and furnishings were high, with thought given to ensure that where possible areas were well lit and welcoming. We saw that there were door guards in place on each bedroom door to promote good fire safety, and the manager and a director from the company explained how these were maintained. We saw that the ground floor fire exit and corridors were kept clear to support a safe evacuation in the event of a fire.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People that we spoke with told us that they had no concerns regarding the staff group that worked at the home and were positive about the quality of the care provided. They told us that there was little turnover of staff, which they saw as a positive feature of the home. As a result, the manager told us that only two new staff had been recruited in the last 12 months. The care staff team was made up of a group of 14 people. The manager explained to us their recruitment process and we looked at the two most recent recruitment files, although one person was still in the process of being inducted. We saw that appropriate checks were undertaken before staff began work. The manager told us they planned to make this process more robust by waiting for more information before people began their induction to ensure they were suitable to work at the home. We saw written references, identification, evidence of police checks and completed application forms.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. All the people we spoke with confirmed that they felt the staffing levels met their care needs. For example, they showed us their call bells and told us that staff responded promptly. One person told us that if staff could not provide support immediately then they would explain that they would with them shortly, which the person found reassuring. We looked at the staff rota and saw that there were three care staff working in the morning and afternoon, which reduced to two people in the evening from 8pm. At night, we were told and the rota showed us that there was one waking night staff and one sleep in night staff. This team were supported by a cook in the morning and at lunchtime, and a cleaner. The home's manager has been registered with the Care Quality Commission since the last inspection and she confirmed that she also provided hands-on care when needed. We saw the staff working well as a team.

During our visit, we heard staff being attentive to people's needs. Staff changed their approach depending on the needs of the individual. The atmosphere was not rushed and we heard people being supported at their own pace. Several people commented that they appreciated staff with a sense of humour so they could relax and have a joke with them. Several people commented that the staff group were cheerful, which helped create a good atmosphere.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that staff knew how to meet their care needs and they felt confident in their ability. Staff received appropriate professional development. We looked at the training files for all of the care staff and checked the mandatory training that they had completed. We saw that the manager ensured that people's qualifications did not expire, and that updates were arranged.

We saw that staff had received training in a range of topics, including medication, moving and handling, food safety, safeguarding and emergency first aid. The manager also told us about additional training in end of life care.

Staff were able to obtain further relevant qualifications and we saw evidence of staff having completed an NVQ in care. The manager told us that several staff were in the process of completing a diploma in health and social care, which showed that the service recognised the need to help staff develop the correct skills to work with people living at the home.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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